Sun Country Health Region

Annual Report

April 2005 – March 2006

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2007-00054

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Cover Art: Saskatchewan landscape near Macoun—Photo taken by Kevin Berger

website: www.suncountry.sk.ca

Letter of Transmittal

The Honourable Len Taylor, (Q.C.)
Minister of Health

and

The Honourable Graham Addley,
Minister of Healthy Living Services

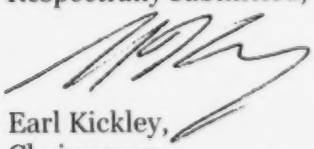
Dear Ministers Taylor and Addley,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

The Sun Country Regional Health Authority had many successes during the fiscal year. The most satisfying was the official opening of the Tatagwa View long-term care facility. It is a very beautiful and functional facility and will serve the residents very well for many years. We saw Minister John Nilson leave and Ministers Taylor and Addley come on board. We were very fortunate to have the opportunity to work with Minister Nilson and wish him well in his new position. We want to welcome Ministers Taylor and Addley to the Health portfolio and look forward to working with them in the future. Our CEO, Lee Spencer retired in December 2005 and we wish him well and many years of happy retirement. Calvin Tant joined our team as the new President & CEO and we look forward to a long and successful term with Cal.

In closing, we would like to thank Saskatchewan Health for its help during this fiscal year. We would also like to express our gratitude to all the Sun Country Health Region employees and to the employees of our affiliates for a job well done.

Respectfully submitted,



Earl Kickley,
Chairperson

Who We Are

Vision, Mission, Statements of Value, Goals & Objectives

SaskHealth
Vision: *"Building a province of healthy people and healthy communities"*

Sun Country Health Region
Vision: *"A Healthy Community"*

Mission: *"To promote health and to respond to the needs of the community."*

Statements of Value:

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision-making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value sense of ownership by those associated with the mission of the Regional Health Authority.
- We value our staff, physicians and volunteers as our most valuable resource.

Goals & Objectives

Sun Country Health Region Goal #1
To provide Health Services that are reasonably accessible and available to all residents of the Region.

Sun Country Health Region Goal #2
To increase the awareness of the health services provided by the Region.

Sun Country Health Region Goal #3
To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.

Sun Country Health Region Goal # 4
To recruit, retain and develop the Region's Human Resources.

Sun Country Health Region Goal # 5
To provide an effective and comprehensive range of health services.

Sun Country Health Region Goal # 6
To be fiscally responsible.

Sun Country Health Region Goal #7
To ensure regular assessment of the services provided in the Region.

Roles and Responsibilities

The role of the Sun Country Regional Health Authority is to efficiently and effectively manage health care services within the boundaries of the Region. Within the Regional boundaries there are:

9 - Health Centres with attached long-term care units

2 - Health Centres

5 - Special Care Homes

1 - Seniors Housing Facility

1 - District Hospital

2 - Community Hospitals

1 - Community Hospital with attached long-term care unit

1 - Ten-bed Inpatient Mental Health Unit

16 - EMS Stations - including:

- 2 - Volunteer services
- 1 - Volunteer contract service
- 1 - Private contract service

3 - Affiliates

- 1 - Health Centre with attached Long-term Care unit
- 1 - Special Care Home
- 1 - District Hospital with attached Long-term Care unit

In addition, the Region provides a complex array of community programs and services including:

- Acute Care
- Acquired Brain Injury Programs
- Adult Sex Offenders Program
- Alternatives to Violence Programs
- Community Dietitian Programs
- Community Mental Health
- Community Palliative Care Services
- Health Promotion
- Home Care
- Long-term Care
- Medical Health Officer Services
- Parenting Skills Education Programs
- Physiotherapy and Occupational Therapy
- Podiatry
- Primary Health Care Services
- Public Health
- Public Health Inspection
- Speech Language Pathology Services
- Successful Mothers' Program

Sun Country Regional Health Authority operates 28 facilities and 17 public health programs for the 55,000 people in this region, with the mandate to help build a province of healthy people and communities while providing an effective, comprehensive and equitable range of services to the public. Sun Country Health Region operates with the highest possible standard of care, incorporating evidence-based research and guidelines in its operations. This high standard of care requires a continuous evaluation of programs and operations. In 2005-06, the evaluation process resulted in the implementation of new wound protocol guidelines, a change in the provision of the Child Health Clinic and regional laundry services, which allowed funding to be re-directed to patient care. That demand for high standards also resulted in all of the laboratories in the Region obtaining accreditation by the College of Physicians and Surgeons Laboratory Quality Assurance Program. The Region employs staff which follow regional policies and Professional Codes of Ethics and all professional staff meet current registration guidelines with their licensing bodies.

The Region's values (as listed earlier) are evident in its operations. For instance, the Region's concern for compassionate care led to adoption of the Eden Philosophy of Care in Tatagwa View, its newest long term care facility located in Weyburn. The Eden Philosophy also is being implemented in other facilities across the Region. The Region's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA). To that end, the Region undertook Privacy Inventory Reviews at both the Weyburn General Hospital and St. Joseph's Hospital of Estevan, the two district hospitals. These reviews will help identify areas that require further work in the management of health information. The Region's requirement for openness with the community and informed decision-making is evident in its partnership with Estevan Comprehensive High School to help improve the meal selection for the children, as a first step in helping to address the obesity epidemic. The Region is prepared to respond to the public's needs. To that end, it is planning a new dialysis unit for the residents of the southeast area. The unit will have six hemodialysis machines and will alleviate the need for long distance travel for some clients. Sun Country Health Region takes its social and ethical responsibility seriously. Addictions Services was enhanced by adding an addictions worker to focus on youth and their needs after a gap in addictions services to youth was identified in the context of more provincial emphasis on addictions.

The Region faces several key risks to its operations in the future, the most important being a reduction in population in our communities and among our employees. Our population and employees are aging at a disproportionate rate. Further, although the overall population in the area is decreasing and has been for many years, the percentage of the elderly is increasing, especially in rural areas. These factors result in an increased demand for services in home care, laboratory services and public health nursing. The Region is monitoring the situation.

Population reduction also affects the availability of informal family and community supports for people, especially for the elderly or mentally ill. That creates an increased demand on an already stressed health care system because the supports have moved away. Reduction in the population also contributes to a lack of support for community organizations which, in turn, can increase the instances of residents seeking the kind of services they might once have received from the volunteer organizations.

Health Care Organization Relationships

Sun Country Health Region works with three affiliates to provide its services: St. Joseph's Hospital of Estevan, Radville Marian Health Centre, and Sunset Haven in Carnduff. The Region also funds Health Care Organizations (HCO) to enhance or add to services provided by the Region. In most cases, HCO's provide community-based resources and supports that complete and complement the continuum of care for regional residents. They play an integral role in ensuring seamless, timely and effective service provision. Being community-based and addressing many of the determinants of health (housing, social support, employment skills, improved personal skills); HCOs play a key role in both preventing health system use and improving the quality of life for their clients. HCOs conduct their activities in a manner that is consistent with, and reflects the goals of Sun Country Health Region and are accountable through program and budget submissions, regular fiscal reporting, and an annual audited financial report.

The HCOs include:

1. **SMILE Services**
   Located in Estevan, SMILE services provides programming and support to a diverse client population: young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in their community.

2. **Weyburn Group Home Society**
   Weyburn Group Home Society encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illnesses in the community.

3. **Canadian Mental Health Association, Community Resource Centre in Weyburn**
   The resource centre operates pre-vocational/vocational programs to assist with the personal growth, support, community integration and possible re-entry into the work force of persons with mental illness.

Sun Country Regional Health Authority Organization Chart

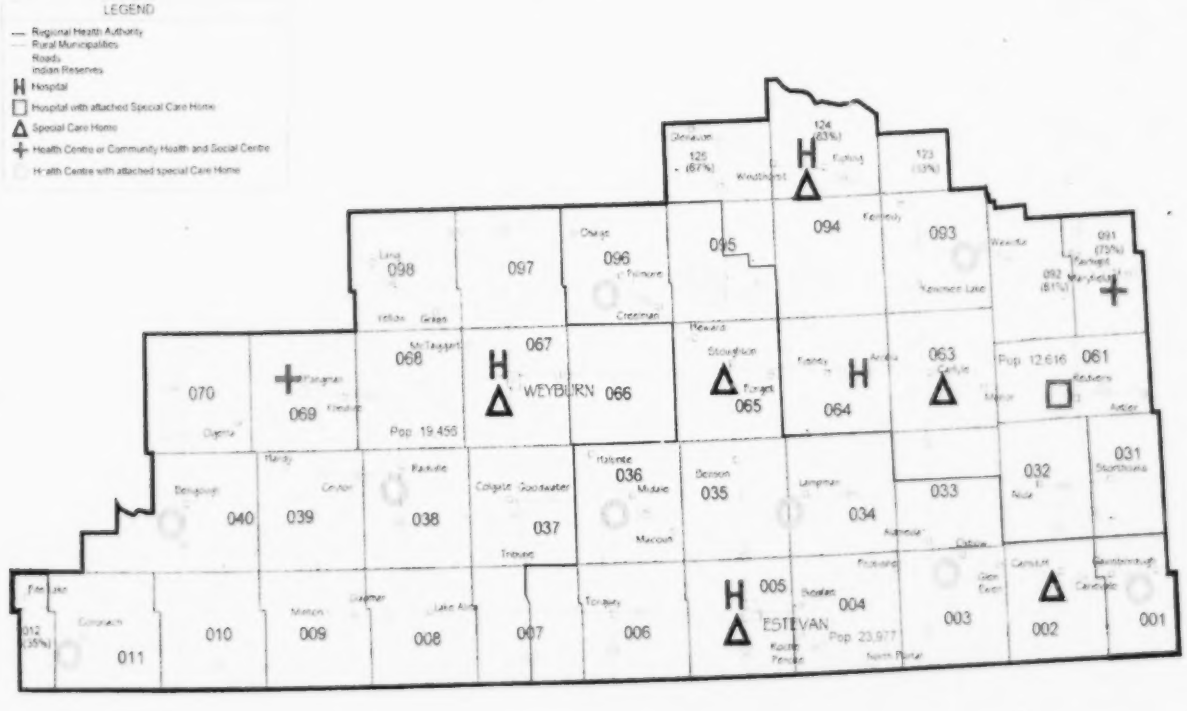
Sun Country Regional Health Authority experienced a major change in its management leadership during 2005-06, for the first time in many years. At the end of 2005, former Chief Executive Officer Lee Spencer retired and a new CEO, Calvin Tant began employment in October.

Our Region

There are a number of factors that influence both service delivery and health status in the Sun Country Health Region:

- The Region's population is widely dispersed.
- The region is primarily rural with two **small** urban centers.
- The population is declining.
- The population is older and aging.
- Economic conditions are favourable, but variable.
- Informal social support networks are vital and abundant but at risk of decreasing.

Sun Country Regional Health Authority

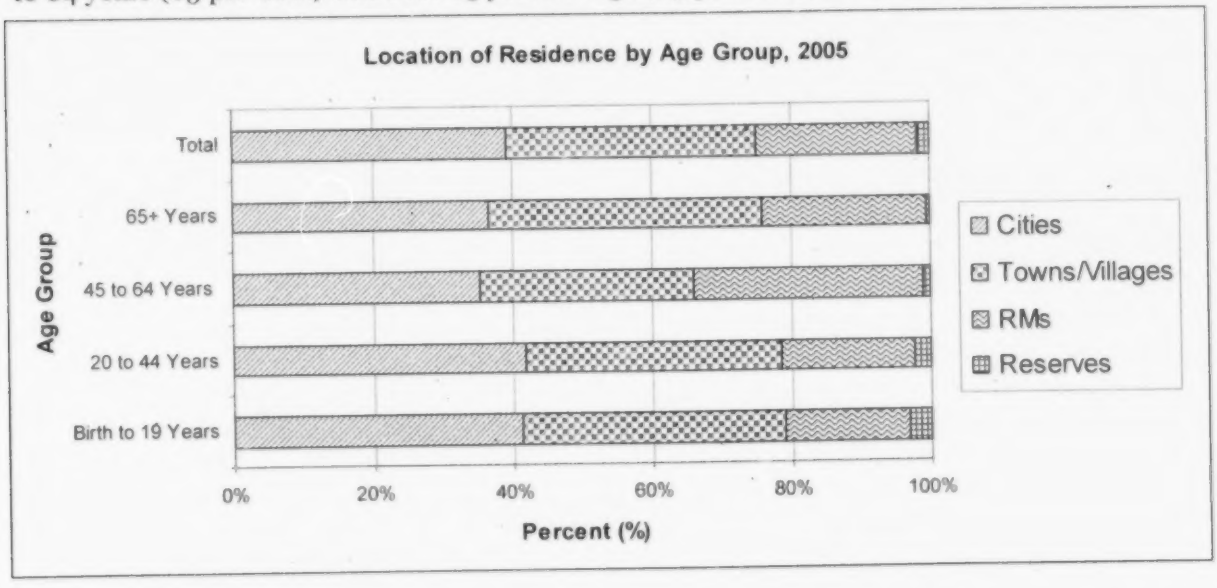


Overview of the Region

Widely-Dispersed, Rural, Older and Aging

The Sun Country Health Region is approximately 33,239 square kilometers, located south of the main provincial highways (Highway No. 1 and Highway No. 11). Drive-through traffic is largely limited to local traffic and those traveling to the United States (commercial traffic and "snowbirds").

Over 60 per cent of the Region's population lives outside of the two urban centres, making the region predominantly rural. An even greater proportion of those between the ages of 45 to 64 years (65 per cent) and over 65 years of age (63 per cent), live in rural areas.



Because much of the health region is rural and many areas are sparsely populated, travel for certain services (particularly specialized) is often required. In some circumstances, these specialized services can be obtained within the region – in either Weyburn or Estevan. Other times, it is necessary to travel outside of the region – mainly to Regina or Saskatoon. The sparsely-populated, widely-dispersed and rural population also impacts on service delivery in these areas. In order to provide equitable levels of community-based services, regional employees must often traverse considerable distances and spend increasingly large amounts of time driving to and from local communities.

The introduction of additional Telehealth sites has allowed, to some extent, for services to be provided, while reducing travel for both staff and clients. Innovative initiatives such as the *Diabetes Prevention & Management Project* - which trained local professionals as diabetes resource personnel in the prevention and management of diabetes - also helps to overcome these geographic challenges. Primary Health Sites that can provide accessible, equitable acute and community-based services will also help.

Since the Region's population is widely-dispersed and predominantly rural, educational initiatives can be a challenge. It can be difficult to target educational sessions to the appropriate groups, at the appropriate times.

Our Region's population is declining:
Population decline in the Region continues to exceed that of the province. Between 1996 and 2001, the population of Sun Country Health Region decreased by 6.6 per cent, much greater than the provincial decrease of 1.1 per cent. All areas within the Region are experiencing this decline.

However, the population of rural locations is decreasing more significantly – from 13 per cent to as much as 37 per cent. Exacerbating this decline may be the lack of access to formal and informal community supports, and the crisis in agriculture prices.

At the same time, the declining population is increasing reliance on formal support systems, such as health care, as the informal supports are eroded. It is increasingly difficult for those remaining in these sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support and others.

Physical Inactivity and Obesity:
Supports like plentiful recreational opportunities can be limited in smaller, less-populated communities.

One indicator of this is the percentage of the population overweight/obese, 31.7 per cent and 27.2 per cent, respectively compared to 35.8 per cent overweight and 20.5 per cent obese for the province. Another indicator is the percentage of the population which reports physical inactivity. In Sun Country Health Region, during 2003, 52.7 per cent of residents reported physical inactivity, compared to 47.8 per cent for the province.

To help address this, the Region has developed a multi-sectoral (including representatives from education, communities, health, In-Motion) interdisciplinary task group including activity workers, population health promotion, educational administrators, home care, falls prevention, as part of the Population Health promotion action plan. Facilitating and supporting recreational opportunities in regional communities is a priority area for this task group.

Reduced access to informal support from families and friends is particularly important since the senior population has continued to live mainly outside the larger centres of Estevan and Weyburn.

Unpaid Assistance:
At present, the senior population especially those living in the peripheral rural areas of the Region relies quite heavily on unpaid assistance from family and friends. In 2001, 19 per cent of Sun Country Health Region residents reported providing unpaid care or assistance to seniors. This compares with 17 per cent, on average, for Saskatchewan.

The most unpaid assistance has been reported from the communities and rural municipalities along the furthermost boundaries of the health region, where as many as 41 per cent of residents report providing unpaid care or assistance to seniors.

Given the Region's vast geographic area, this unpaid assistance plays a vital role in maintaining both the health and quality of life of seniors.

Lone-parent families:
Since lone-parent family units often rely on additional formal and informal supports, they can be adversely affected when such supports are lacking. Even though a smaller percentage of Sun Country Health Region families report lone parent status (9.5 per cent, compared to 15.8 per cent for the province), regional communities reporting the largest proportion of lone-parent families are the smaller, more rural areas that are most rapidly losing population.

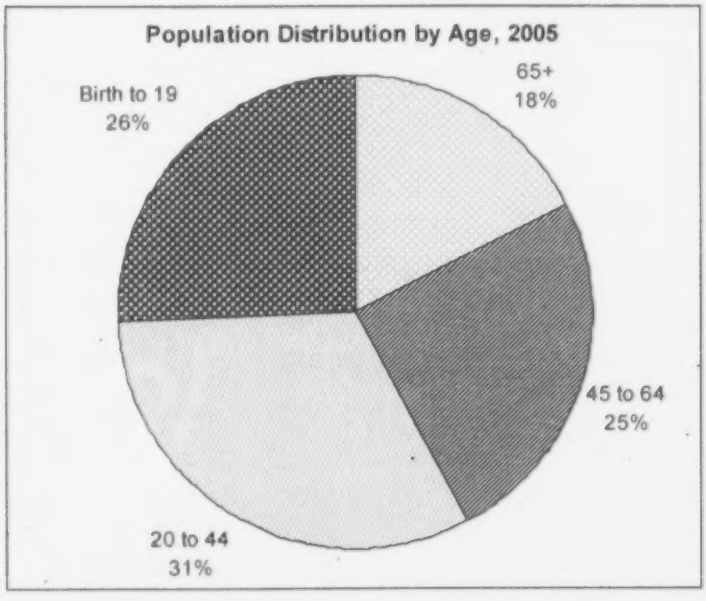
This trend reinforces the importance of programs like the Parent Mentoring Program of Saskatchewan and the Parent Skills Education program that can give some of the supports traditionally provided by extended families.

Formal pre- and post-natal services like community-based public health nurses, family physicians, and mental health practitioners also play a vital role in this situation, as do informal supports like child care, breast feeding support and emotional support.

Our Region is older and aging:
In 2005, 43 per cent of the population was over 45 years of age, compared to 37 per cent in 1998. Given the Region's low birth rate, agriculturally-based economy and lack of large urban centres, it is likely that the percentage of the population over 45 will continue to increase.

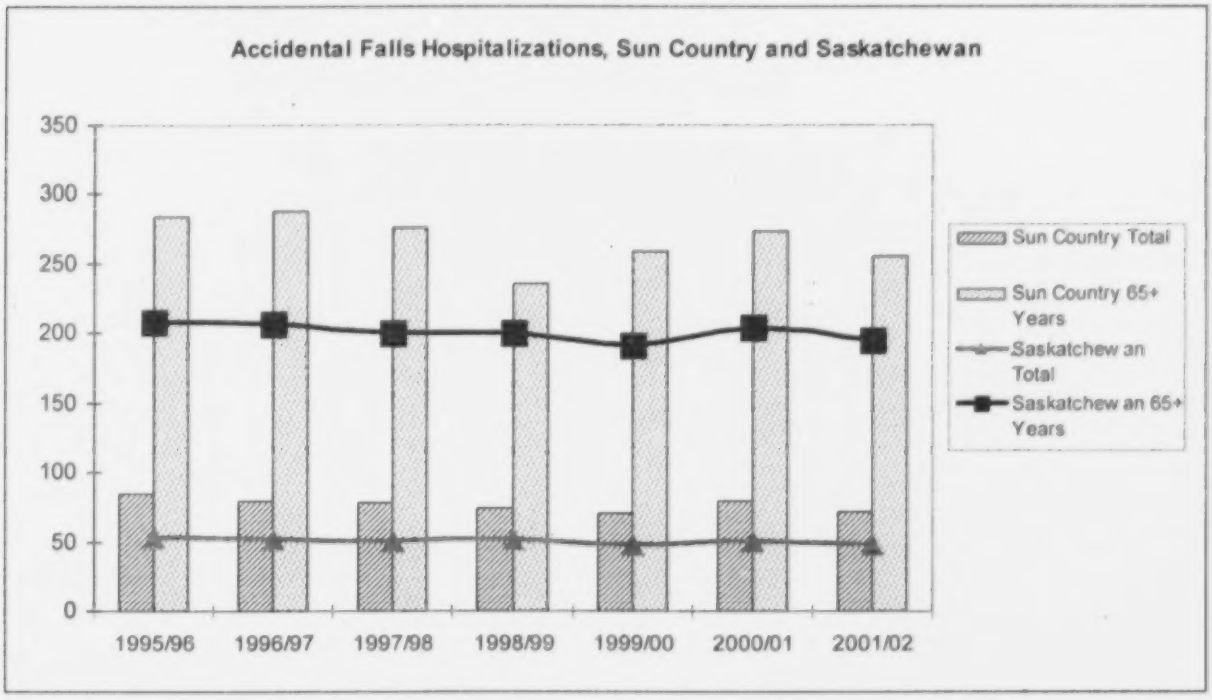
In 2001, the median age in Sun Country Health Region was 39.3, which exceeded the median age of Saskatchewan (36.7) by three years. The cities of Weyburn (39.8) and Estevan (35.3) tend to be younger.

However, the median age of rural areas ranges from 40 years to as high as 62.5 years. The oldest communities tend to be concentrated in the most rural, agriculturally based and outlying locations of the region. The younger communities are located along the Weyburn/Estevan corridor (Highway 39).



Self-rated Health Status:
The older/aging, typically inactive, and high body mass index (obesity) of Sun Country Health Region residents likely contributes to the lower self-reported health status of the Region. In 2003, 54 per cent of regional residents reported their health status as very good or excellent. This compares to 59.5 per cent for provincial residents. This contributes to the importance of both preventive and intervention-orientated initiatives. In particular, the priority areas identified in the Population Health Promotion Action Plan – accessible, nutritious foods, decreased substance use/abuse, active communities and mental well-being, play an enormous role in addressing these health issues. All of these factors require multi-sectoral, inter-disciplinary, community-based interventions.

Accidental Falls:
Accidental falls are one indicator of the health challenges associated with an aging, isolated, rural population. Over time, the rate of accidental falls in Sun Country Health Region especially for those over 65 years of age has continued to exceed that of the province.

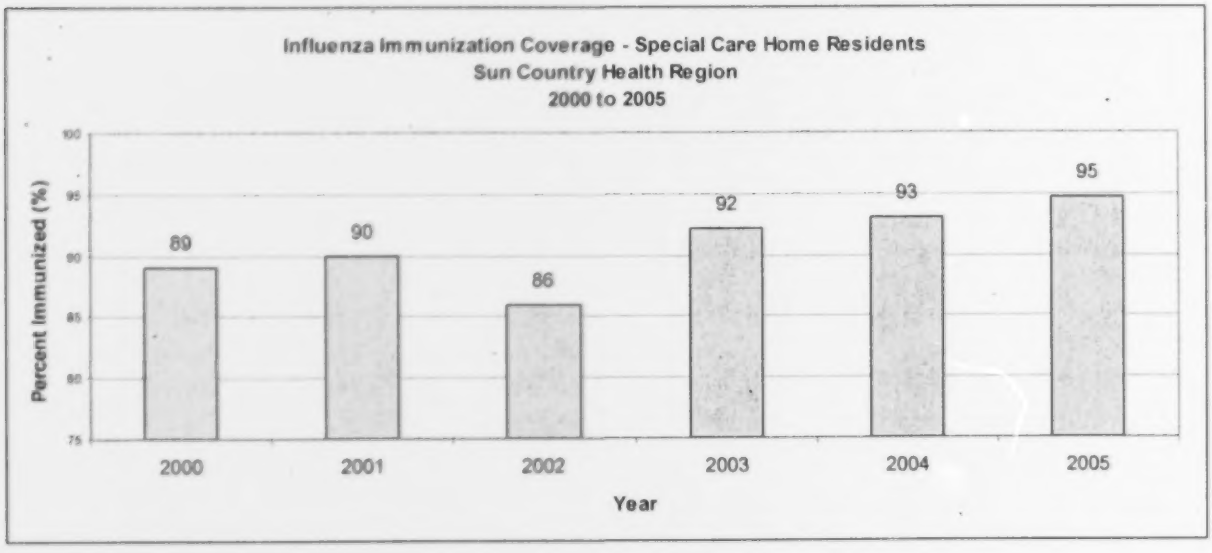


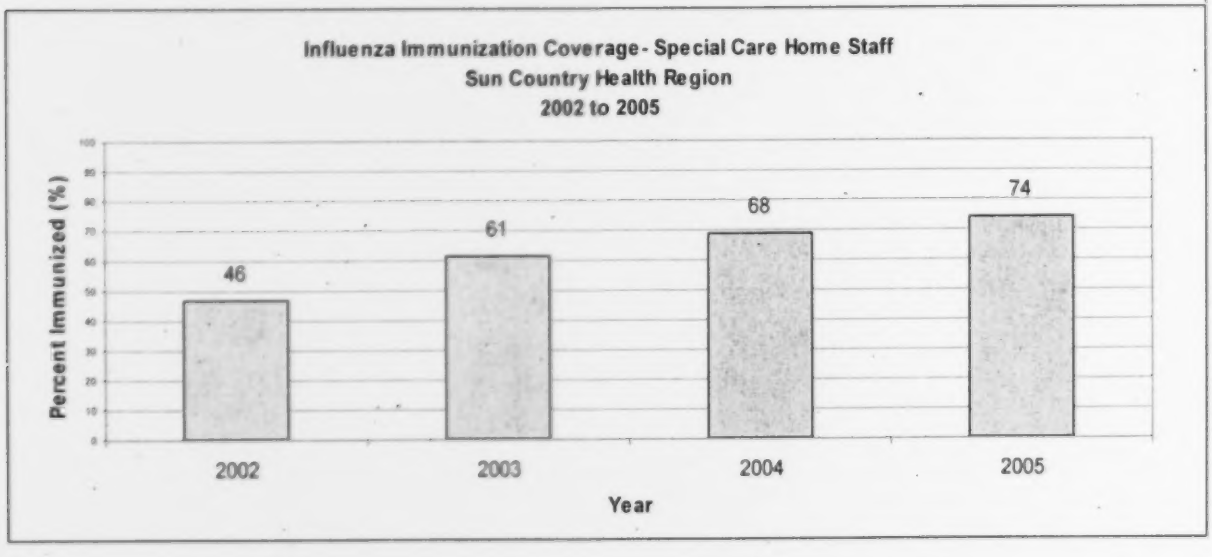
The majority of accidental falls occur in the home and are the result of slipping, tripping and stumbling, so it is important to target initiatives to that location and those factors. Individuals who fall often experience decreased quality of life due to lack of mobility, increased dependence on others and, sometimes, additional adverse health outcomes such as increased obesity (due to decreased mobility). This year, the Sun Country Health Region implemented a multi-disciplinary initiative to help address these concerns. The departments of home care, physiotherapy and falls prevention developed and implemented a program designed to facilitate prevention and early intervention of accidental falls with regional home care clients.

Aging Farmers:
Farmers are one of the primary occupational groups in the Region and are also one of the "oldest" groups. In 2001, the average age of regional farmers was a little over 50 years. The traditional family farm is being lost to the increasingly larger operations that have more resources to support their activities. At the same time, rural youth are moving to the larger cities for post-secondary education. This young population often remains in the larger centres due to enhanced employment and educational opportunities.

Influenza Immunization:
Influenza can be a debilitating condition, causing extreme illness or even death, especially in high-risk population like seniors.

Preventing the development and spread of influenza is, therefore, very important. The likelihood of contracting influenza intensifies in locations where individuals are in frequent, close proximity to each other. Examples of these would be schools, long term care facilities and acute care facilities. As the population of Sun Country Health Region continues to age, influenza immunization will become increasingly important. This is true for both high-risk populations and those they are in contact with, like health care facility staff. A concerted effort to educate, create awareness and encourage influenza immunization among both regional staff and residents in the last five years, and particularly in 2005-2006, has resulted in influenza immunization coverage rates increasing in both groups. The immunization rate for Special Care Home residents was 95 per cent in 2005 compared to 89 per cent in 2000. An even greater increase has occurred with respect to Special Care Home staff, 74 per cent were immunized in 2005 while only 46 per cent were immunized in 2002.





Institutional Outbreaks:
As the Region's population continues to age, Special Care Homes will become "home" for larger numbers of individuals. These facilities are home to some of the Region's most "at risk" individuals so it can be challenging to create and sustain a safe and healthy environment where quality of life is maintained. The same challenge is true of Acute Care Facilities.

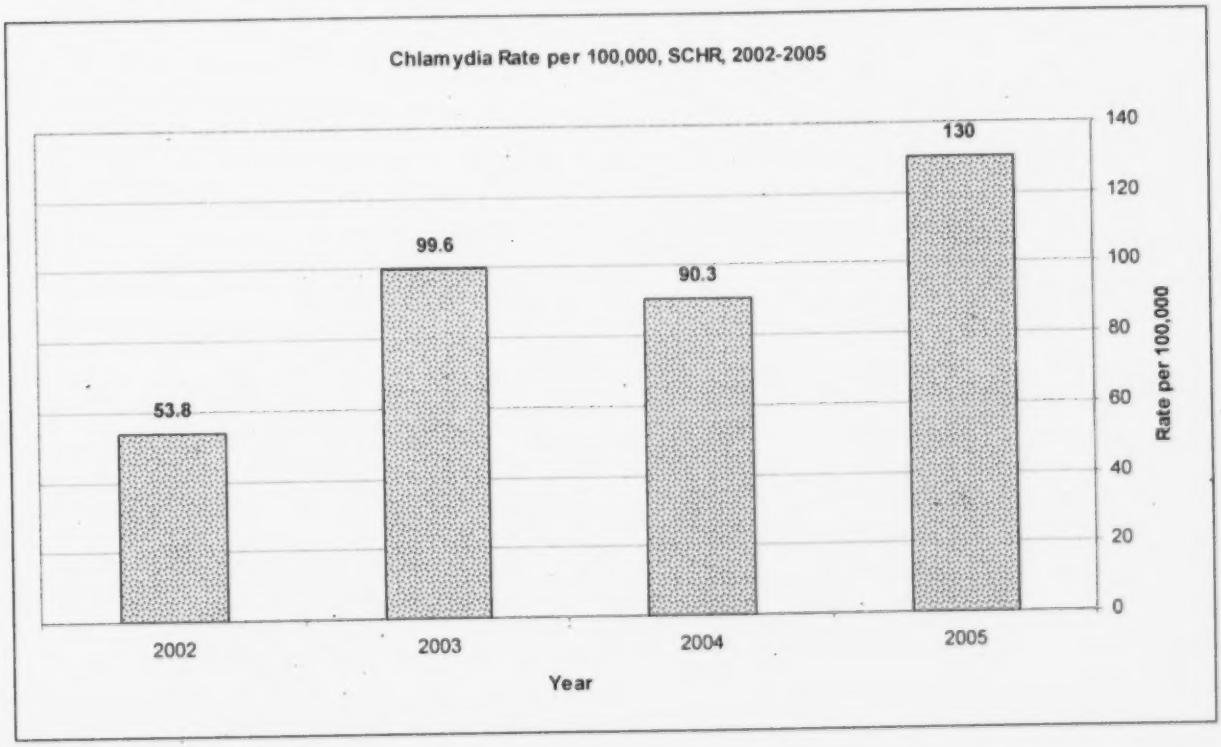
One of the risks associated with Special Care Homes and Acute Care Facilities is institutional outbreaks. Once an outbreak is declared, the facility is closed to visitors and, also, staff from other facilities. Since a number of Regional staff, particularly in rural areas, works in more than one facility, in more than one capacity, an outbreak can cause significant staffing challenges. As well, when the residents of Special Care Homes and those in the Health Centre are not allowed visitors, it impacts on them both physically and emotionally. For those reasons, institutional outbreaks need to be identified and managed as quickly as possible. The commitment to infection control in the Region led to the establishment of a full time position in the Region and the increased education of staff has resulted in more consistent and timely identification of outbreaks. This winter, Sun Country Health Region reported a number of institutional outbreaks. Enteric (with no identified organism) and Noroviruses were determined to be causal factors in 50 per cent of outbreaks. An additional 40 per cent of outbreaks were due to respiratory illness, influenza and parainfluenza. All but one of the outbreaks occurred in a Long Term Care Facility and 75 per cent of these were in rural locations.

Overall Regional Considerations

Overall Health Status:
Generally, the health status of Sun Country Health Region is positive. Life expectancy at birth (76.8 – male and 81.2 – female) is very close to the provincial average. This is also true for life expectancy at age 65 years.

Disability-free life expectancy, an important indicator of quality of life, also compares favourably with the provincial average. In 1996, in Sun Country Health Region, disability-free life expectancy at birth was 67.3 for males and 71.6 for females, which compares to 66.6 for provincial males and 70.0 for provincial females.

Chlamydia:
Despite the positive overall health of regional residents, reported cases of Chlamydia have been rising over the past few years. In 2002, the Chlamydia rate per 100,000 in Sun Country Health Region was 59. By 2005, this had more than doubled to 130. Chlamydia is a reportable communicable disease and a good indicator of sexual health. However, those infected often experience few or no symptoms (particularly women) so rates can be impacted significantly by testing and increased surveillance.



Infant Mortality:
Another health issue requiring further examination is the infant mortality rate. Traditionally, the infant mortality rate in Sun Country Health Region has compared quite favourably to that of the province.

In 1999/01 the rate per 1,000 live births in Sun Country was 4.4, lower than the provincial rate of 6.2. By 2002-2004, the rate in Sun Country Health Region had almost doubled – to 8.0 per 1,000 – compared to 5.9 for the province of Saskatchewan.

Although the rate in 2002-04, does not reflect a statistically significant difference from the provincial rate, it is important to assess both the modifiable (low birth weight, social conditions, emotional health) and congenital factors associated with the increase.

Low Birth Weight:
As mentioned, low birth weight can be a contributing factor in infant mortality.

Between 1999-2001 and 2002-2004, the low birth weight (per 100 live births) in Sun Country Health Region rose from 4.3 to 5.5. Even though this change reflects a small actual number, it suggests a relationship with infant mortality.

A further examination of the factors associated with this increase (substance abuse, inadequate nutrition, obesity, and socioeconomic status) is important.

Economic Status:
Overall, economic indicators for Sun Country Health Region are positive. In 2001, the unemployment rate for the region was 3.4 per cent, compared to 6.3 per cent for the province. As well median family income for the Region ($52,028 in 2001) compares favourably with the province ($49,000 in 2001).

Despite this, there are enormous income disparities within the Region. Typically, the oil- and gas-driven communities fare much better (up to $98,000 for median family income) than those communities in which the primary industry is farming (median family income from $28,000 to $48,000). Although the cost of living tends to be lower in smaller centers, it is important to recognize that low income impacts on community and individual health status both directly and indirectly.

As the rural population of Sun Country Health Region becomes more isolated and depopulated, preventive programs and current impacts on future staffing decisions for both community-based care (mental health and addictions, home care, public health) and the acute care sector are going to be increasingly important. The lower populated areas of the regions are linked to lower income families whose populations are more reliant on **locally** available services (both formal and informal), such as food, recreation, health and education. This is already a challenge and makes it essential to work with community partners - Health Care Organizations, community-based organizations, education, local informal support networks (local assets). It also speaks to the importance of accessible primary health centres, and ensuring equitable community-based and acute care services. The Region is very committed to establishing and maintaining primary health sites and working within and modifying existing frameworks to help address these challenges.

2005-06 Results at a Glance

Sun Country Health Region's goals, aligned with the Provincial goals, continue to guide the Region in the delivery of high quality health services. In 2005-2006, the region enjoyed some key accomplishments. A brief summary highlights some of these accomplishments.

Provincial Goal #1

Improved Access to Quality Health Care Services.

- 64 per cent of surgeries are day surgeries
- 67 to 100 per cent of target time frames met for surgery

Provincial Goal #2

Effective Health Care Promotion and Disease Prevention.

- 70 per cent home care aides trained in fall prevention
- new screening tools for Child Health Clinic tests

Provincial Goal #3

Retain, Recruit, and Train Health Providers.

- new position created for recruitment/retention manager
- 1.64% per cent decline in costs to Region from WCB claims

Provincial Goal # 4

A Sustainable, Efficient, Accountable and Quality Health System.

- received Accreditation, with Report, to 2008
- 90 per cent of concerns concluded within 30 days

2005-06 Performance Results

When Sun Country Health Region developed its Strategic Plan, its seven goals were aligned with the four provincial goals set out by Saskatchewan Health. The goals help support the Region's mission "To Promote Health And To Respond To The Needs Of The Community". Setting targets and measuring the Region's performance against these targets helps the Region to respond to areas that have been identified as not meeting the target. The results also identify areas where the Region is excelling and providing a high level of quality health services. These results are key to helping the Region in planning for future health service delivery.

Goal 1: Improved access to quality health services.

Sun Country Health Region and SaskHealth share the goal of improving the public's access to quality health services. In the past year, SCHR has worked toward advancing that goal in acute care by working with physicians to provide more surgical procedures on a day surgery basis, from an insurgery basis.

With an increased number of surgeries, in total, being performed at acute care hospitals in the Region, this change resulted in more surgeries being performed as day procedures.

In the past year, SCHR reached a level of 63.5 per cent of its surgeries being performed as day procedures, among the highest percentages in the province. SCHR continues to monitor the outcomes to ensure there is no untoward effect from discharging patients from hospital earlier than was previously the case. Surgical volumes are obtained from the date-specific SSCN surgical registry data mart and SCHR did not start reporting to the registry until January 2006.

The higher level of day surgery in SCHR frees up acute care hospital beds more quickly so physicians in the region can perform a higher number of surgeries. That allows SCHR to improve access to the public to surgeons and beds, with the result that SCHR has a wait time for clients that is among the lowest in the province. About 66.7 per cent of priority II clients in SCHR have access to surgery within the provincial government's time frame of three weeks, while 100 per cent of priority IV clients receive surgery within the provincial time frame of three months, and 100 per cent of priority VI clients receive surgery within 12 months.

Without SCHR's initiative for doctors, wait times for surgery may have increased in the Region.

The higher percentage of day surgeries performed in acute care hospitals also frees up staff and reduces cost to the Region. With more day surgery patients released in the afternoon, fewer nurses and nurses' aides are needed to care for patients during the evening and night-time hours. This results in staff efficiencies.

Goal 2: Effective health promotion and disease prevention.

A healthy community is one in which people can easily live, work and play in ways that are healthy. Knowing what makes people sick and treating illness are key components of the health care system. Preventing illness, promoting well-being and enhancing quality of life are also vital. Reducing reliance on the acute care sector by preventing illness certainly helps to conserve valuable financial and human resources but, more importantly, effective health promotion and disease prevention results in healthier communities and societies.

What is a healthy community? We know that a number of factors (many beyond health care and individual behaviors) determine the health of communities. What we eat, where we live, the types and amount of food we can afford, the amount of support we receive, whether we smoke or drink, where we work and what we do, and how much money and education we have all contribute to our personal and community health. These factors are called the determinants of health.

Keeping people healthy and preventing illness requires a number of approaches – from early identification of health issues (screening, surveillance) to disease prevention (immunization, skill development, creating awareness) to Population Health Promotion (legislation, community development) broadly grouped into one of the following four areas: healthy families, chronic disease prevention, environmental/community health and communicable disease control.

Child health clinics, public immunization programs (influenza, pneumonia, international travel), education/awareness campaigns (accidental falls, mental well being), skill development initiatives (car seat safety training, diabetes resource professional training, food safe courses) and public policy development (tobacco education and enforcement - reduction of exposure to second hand smoke through education on the new provincial legislation) are all excellent ways to promote health and prevent disease. These programs provide the framework for a healthy community.

Initiatives like the Population Health Promotion Action Plan encourage a broader, community-level perspective that helps to address the determinants of health. Four priority areas – Mental Well-Being, Decreased Substance Use/Abuse, Accessible, Nutritious Foods and Active Communities – have been established and the Region has developed multi-sectoral task groups in each area. Working with communities to identify and celebrate assets, develop strategies, implement programs and evaluate outcomes is one of the most effective strategies for developing and enhancing the health of our communities.

Underlying all of the health promotion/disease prevention strategies is the importance of meaningful working relationships with community partners in order to build on and enhance community-based programs and initiatives. Continued work within existing intersectoral frameworks (such as Schools^{PLUS}, in *motion*, Regional Intersectoral Committee, and Understanding the Early Years) is necessary for successful work on Population Health Promotion strategies.

This can be challenging, especially given the geographic expanse of Sun Country Health Region and the difficulties (time, distance for travel, financial cost) associated with ensuring

meaningful and appropriate community and professional participation. The addition of a position dedicated to Population Health Promotion work in the areas of mental well-being and decreased substance use/abuse has been instrumental in overcoming some of these barriers. As well, ensuring that meetings are held across the Region, in different communities/facilities (such as the school) has enhanced the opportunity for participation.

Healthy Families

Falls Prevention Program: This year, the falls prevention sub-committee including representatives from falls prevention, physiotherapy, podiatry, health education and home care was awarded a Health Quality Council Innovative Fund grant to support enhanced falls prevention programming, specifically targeted to seniors. It was part of the inter-regional falls prevention consortium.

The primary aim of the project was to develop a multi-region falls prevention awareness campaign to increase awareness among seniors living in the community and health professionals. In Sun Country Health Region, this initiative focused on training sessions with home care aides to increase awareness of the various fall risks that an older client could experience, to increase recognition of a client's current fall risks, and to increase awareness of available and appropriate referrals and community resources. Home care aides were also trained to administer a simple physical performance test with their clients to assess fall risk. This test is called the Timed Up and Go test.

During the project, 70 per cent of home care aides were trained. Evaluations revealed that participants considered falls prevention a primary concern but were not aware of the complex multi-risk factors for falling, nor were they aware of the many resources they could access in the community.

To increase awareness for both professionals and residents, an information/resource booklet entitled Your Next Step: Falls Prevention Program was developed. This was distributed at the training sessions to home care clients and to various professionals in the Region (physicians, physiotherapists). It is also available to any other interested individuals.

As well, the falls prevention committee began holding falls prevention health fairs, targeting areas with a greater proportion of seniors, particularly those living alone. Subjects include nutrition, appropriate foot care, falls risk assessment, and diabetes assessment. These have been very popular and well-attended. The resource booklet was distributed to those attending.

A secondary aim of the inter-regional project was to establish a provincial communications network among those working in falls prevention. The Falls Prevention Consortium meets regularly to facilitate the exchange of ideas and resources.

Child Health Clinic Evaluation: Child Health Clinics provide a number of services including immunization, screening and health education. To ensure consistent, effective and evidence-based service, a comprehensive evaluation of the Public Health Child Health Clinics was completed. The evaluation assessed staff, client and allied professional needs and expectations.

Screenings are done to ensure timely identification of potential and current health issues. Once identified, clients are referred to the appropriate service. Examples are speech-language, dental health, mental health, audiology, communicable disease control, early childhood psychology, public health nutrition/dietitian and early childhood intervention. Each of these services was involved in ensuring that the current screening tools, timelines and referral mechanisms provided the most effective and timely identification of potential or current health issues.

A comprehensive survey of Child Health Clinic clients was conducted to assess whether the timing, information provided and content of clinics was meeting client needs. The survey was conducted over a five-month period. In total, 536 client surveys were returned and the response rate was well over 80 per cent for both Weyburn/Estevan and the rural sites. Overall, clients felt that the clinics were meeting their needs. However, they did have some suggestions for improvement, like changing the amount and type of information that is provided in the clinics on topics such as breastfeeding, smoking cessation and nutrition. Following a review of all the information and suggestions, a comprehensive procedure manual (including age-specific parent information sheets) was developed to ensure consistent information and clinic services for all regional clients. After thorough evaluation and consideration, the three year old CHC visit was discontinued. New screening tools and processes were developed in cooperation with the Speech and Language Pathologists in Sun Country Health Region in order to enhance the services at the 18-month CHC visit. The new process identifies speech problems at an earlier age.

Full implementation of the revised CHC protocol began in July, 2005. The committee remains in place to review and evaluate any changes, any new resources and/or any pilot projects developed during the CHC review process.

Child Safety Seat Training: The importance of safe, properly installed, child safety seats are well acknowledged and are one way to prevent child injury. This year, in partnership with Saskatchewan Government Insurance, 14 local professionals and community members were trained in conducting Car Seat Safety Clinics. Training focused on evaluating the car seat itself, proper installation and awareness of car seat related injuries.

Those trained represented a wide variety of health areas (EMT, health promotion, public health nursing) and communities.

Mental Well-Being Educational Initiative: To increase awareness and understanding of the importance of mental well-being, particularly in adolescents, 14 educational sessions were held across the region. These focused on both the identification and prevention of mental health issues such as depression, anxiety, and stress.

Chronic Disease Prevention

Estevan Comprehensive School – Healthy Wise Program: The Estevan Comprehensive School and Sun Country Health Region established the partnership called the Estevan Comprehensive School Healthy Wise Program. The initiative is a commitment by the school to offer an increased variety of healthy foods in the cafeteria, while decreasing students' access to less healthy choices. This important first step helps to ensure that

students and staff have the opportunity to make healthy food choices, promotes healthy body weights and helps to prevent obesity.

Rural Community Diabetes Prevention & Management Project: Using the Regional Diabetic Coordinator as a facilitator, 13 community-based professionals were trained as local diabetes resource persons. Training included nutrition, clinical practice guidelines, regional diabetes statistics, activity and exercise, foot care (including assessment and wound care), pharmacological management, prevention/intervention medication, psychological issues and team building. This training, targeting care, treatment and support of persons with diabetes was provided over five days. To support the training, a Diabetes Prevention and Management training package was developed. It focuses on secondary prevention such as care, treatment and support of the person with diabetes.

By supporting and enhancing the expertise of local champions, rural community populations will have timely and equitable access to service. This will also provide additional support for community and individual participation in healthy lifestyle choices. It expands service to meet the needs of isolated, at risk populations and provides support to achieve the best possible health outcomes of those with diabetes.

Enhanced Addiction Services: The SCHR is providing more comprehensive addiction services as a result of an external program review in November, 2004 of Moose Mountain Drug and Alcohol Rehabilitation, Inc. The external consultant conducting the review of contracted services was a specialist in program reviews and addiction services. Upon reviewing the information and seeking information from various sources, the services formerly provided by Moose Mountain Inc. were integrated with Sun Country Health Region Addictions Services. This reorganization occurred in May of 2005 and resulted in a more comprehensive, proactive and preventative addiction services, with increased attention to community outreach.

A full time counselor in Kipling and a half time counselor in Estevan and area are carrying out the new programming. Services are community-based and offer more enhanced and preventative services to meet the needs of a range of issues in the field of addictions.

The services concentrate on issues and addictions to alcohol, drugs and gambling and have been aligned with changing demographic patterns, Population Health promotion best practices and Saskatchewan Health strategies and initiatives. Preventative work is population-based but the program focuses on youth and provides services in schools and other settings where youth are more likely to engage in a productive dialogue about prevention and addictions (such as youth centres).

The addictions department compiled, developed and distributed within the Region a community awareness booklet that provides information of the locally abused drugs and associated addiction issues within the region.

Fatal Vision: Currently, as an adjunct to the SGI Safe Driving Program, all students in Weyburn and surrounding area who participate in the student driver program have a driving session using Fatal Vision Goggles. This provides students with a real understanding of how vision and visual judgement becomes impaired when they have been drinking. The students

wear the goggles and, under supervision, attempt to drive a predetermined course. The program has been very well received and quite successful.

Physical Activity Coordinator: The Physical Activity Coordinator is a health promotion initiative that works with the staff and the community in incorporating physical activity into their daily routines. This initiative incorporates the importance of supporting staff to be physically active.

Skin and Wound Care Report: In 2004, the Saskatchewan Association of Health Organizations (SAHO) established a Saskatchewan Skin and Wound Care Network with representation from Sun Country Health Region on this committee. The mandate was to investigate and establish product standardization for the organizations belonging to SAHO. This group identified a need for best practice guidelines for the province, as establishing common principles and practices would help facilitate a greater success in standardizing products.

Upon the recommendation of the Network, a Saskatchewan Skin and Wound Care Action Committee was established. Co-chaired by the Health Quality Council (HQC) and SAHO, the Action Committee reviewed best practice guidelines developed elsewhere and chose to adapt pressure ulcer and lower limb ulcer guidelines developed by the Registered Nurses' Association of Ontario.

St Joseph's Hospital of Estevan, St Joseph's Special Care Home, Estevan Regional Care Home, and Home Care South participate in piloting the pressure ulcer guidelines. The HQC provided educational sessions and assisted in the implementation of the guidelines, as well as researching the impact of the guidelines.

Along with six other pilot sites, participating in a one year quality improvement project, research showed a decrease in the number of facility residents who acquired a new pressure ulcer. It is important to note that SCHR has the lowest incident of pressure ulcers in long term care residents, when compared with the other Health Care Regions. Insights from the pilot inspired the development of the Implementation Guide, designed to serve as a starting point for teams implementing the Saskatchewan Skin and Wound Care Guidelines.

Work is now underway in SCHR to plan for the implementation of the guidelines across the Region, as well as several other initiatives related to improving skin and wound care practices. SCHR has established a Regional Skin and Wound Care Committee to interface with the Saskatchewan Skin and Wound Care Network. The regional committee has established three subcommittees with the primary focus of education, product information and standardization, and communication.

This is another example of Sun Country Health Region partnering with others in the province to improve health care services to the residents of Saskatchewan.

Environmental/Community Health

Pandemic Planning: The Pandemic Influenza Committee continues to make progress on the regional pandemic plan. Considerable progress has been made in the following areas:

delivery of a mass immunization campaign; stockpiling of material resources; health services response (acute care, long-term care, and home care); human resource implications; and communications.

The committee works with the SSRHA (South Saskatchewan Regional Health Authority) Pandemic Forum to address issues that impact on the southern Regional Health Authorities (such as staffing and supplies).

Food Safe Course for Volunteers: Due to public need and request, a food safe course for volunteers was developed and offered through the Public Health Inspection Program. This course closely resembles the one offered to restaurant employees but is targeted to interested community volunteers. The program targets volunteers working at community rinks, fowl suppers, funerals, and other large community gatherings where food is prepared and served. It provides these volunteers with the knowledge and skills to prepare, store, and serve food safely. To date, four of these courses have been held in various locations in the region.

Food Safe Course for Professionals: Each restaurant is required to have at least one individual, per shift, who has completed the Food Safe Course offered by Public Health Inspectors to ensure safe food handling, storage, and preparation. In 2005-06, 13 classes were held (two at Regional schools) and a total of 310 food service workers were trained.

Tobacco Enforcement: On January 1st, 2005 amendments to The Tobacco Control Act came into effect. These amendments resulted in what is commonly known as "smoke-free public places" and apply to a number of public facilities including bars, billiard halls, bingo halls, bowling centres, casinos, restaurants, private clubs, retail stores and taxis.

In the time leading up to January, designated Tobacco Enforcement Officers (Public Health Inspectors) conducted inspections and educational sessions with the proprietors of all premises covered by the act. Since then, Tobacco Enforcement Officers have visited each premise covered by the Act to ensure compliance and provide, when necessary, additional education/awareness of the Act and its requirements. In some instances noncompliance has resulted in a formal repercussion like a monetary fine.

Communicable Disease Control

Influenza Immunization – Staff and Resident: Influenza is a highly contagious, debilitating illness that can result in major health complications including death. The best way to prevent influenza is through immunization. Certain groups can be considered at high risk for contracting and developing complications from influenza (seniors, long term care residents, acute care facility clients, young children, and individuals with certain chronic diseases such as diabetes, HIV, asthma).

Otherwise "healthy" individuals need to be immunized as well so the virus is not transmitted to those at highest risk. This is most important for individuals like health care workers who are in frequent contact with the higher risk groups.

To increase immunization rates in both groups, Sun Country Health Region employed a

multi-disciplinary (acute care, public health, home care) educational awareness and media campaign in the fall of 2005. Presentations by the infection control coordinator were held at each acute care and long-term care facility in the health region to increase awareness and provide accurate information about immunization. In addition, a comprehensive media campaign was developed involving acute care (including physicians), public health and representation from each union affiliated with the Region (SUN, HSAS, CUPE) to promote influenza immunization.

This year, influenza immunization rates for long-term care residents increased by two per cent from the year before, to 95 per cent. The rates for special care home staff also increased by six per cent, resulting in a total of 74 per cent of all special care home staff immunized against influenza.

Consolidation of International Travel Immunization Program: Public awareness of the importance of international travel vaccination is increasing, creating additional need and demand. This is a highly specialized, time-consuming program, requiring intensive training, ongoing education, and regular practice in order to maintain clinical skills. It proved to be challenging, especially in the outlying rural areas. To help alleviate some of the pressures on rural offices, and to meet the significant training and education needs of this program, international travel clinics were consolidated in Weyburn and Estevan. Consultations are provided by two International Travel Nurses (one in each location). To reduce travel time for clients, follow-up and secondary immunizations continue to be provided in local communities.

Goal 3: Retain, recruit and train health providers.

Not unlike the rest of the population, Sun Country Health Region employees are more often among the older age groups.

Reflecting the pattern for the population as a whole, facilities in Weyburn and Estevan tend to have a greater number of younger workers than the rural facilities. While approximately 68 per cent of workers in Weyburn and Estevan are eligible to retire within 10 years, up to 100 per cent of workers in rural facilities will be eligible to retire within 10 years.

This reinforces the need for a commitment to, and support of, initiatives that enhance recruitment and retention of all health care workers.

A high overtime rate in the region indicates a shortage of staff. Vacancies in several positions in the 28 facilities in the region are covered by overtime hours. This situation is exacerbated by higher vacation leaves for the long term employees and many other means of taking leave from the work place, including a right to sick leave which is used more by aging staff closer to retirement. This creates a challenge, especially for smaller facilities in remote locations, because there are too few staff in many classifications, including nursing and laboratory x-ray.

There are over 200 classifications for staff in SCHR, including professional employees.

The region has non unionized staff and unionized staff served by three unions including the Saskatchewan Union of Nurses, which represents Registered Nurses and Registered Psychiatric Nurses; Health Sciences Association of Saskatchewan representing professional employees and the Canadian Union of Public Employees which represents support workers. The situation is also an issue during the documented outbreaks in some facilities, which has resulted in facility quarantine/closure.

Relocation allowances, bursaries, scholarships, professional development opportunities and active participation in job fairs are a few of the key strategies currently being used in the region to enhance recruitment.

SCHR has also established positive partnerships with a number of post-secondary institutions, both within Saskatchewan and outside of the province, to provide student training opportunities like internship/practicuum experiences, job shadowing and summer jobs.

Student placement initiatives have occurred in various professional disciplines like nursing (acute care, community mental health, mental health inpatient and public health), public health inspection, Population Health promotion, social work, speech-language pathology, health records, psychology and food services.

The Region has recently established a new position dedicated to recruiting and retaining health professionals.

SCHR initiated a Quality Health Workplace Initiative in 2005 to reduce work place stress and improve morale, both of which add to operating costs. This initiative aims to provide healthy solutions (coaching instruction, focus on solutions) that will produce a positive change in the work place culture, leading to growth in areas like learning opportunities, support, and increased teamwork.

In spite of the aging work force, SCHR saw a significant downward trend in Worker's Compensation-related days missed and payments made during 2005-06. The Region's initiatives resulted in a 27 per cent decline in costs. Total days lost in 2005 were 5,508.11, at a cost of $577,356.91. That compares favourably with a total of 7,901.95 days missed in 2002, at a cost of $856,953.53 for wages and medical expenses. Part of the regional initiative was the creation of a disability management program that monitored WCB claims and return-to-work programs.

In a somewhat related manner, the Region has seen more employees directed to occupational/physical therapy services for functional and return-to-work programs. Even with the encouraging trend lines, SCHR will face some large obstacles in the near future. The biggest factor in WCB related time-loss are musculoskeletal injuries to the back and shoulder, most often related to the lifting or transferring of objects or clients. A growing number of these injuries require surgery. Waiting for surgery will prolong the return to work and increase overall operating costs.

An additional trend to observe is the growing number of individuals who are not expected to recover to an acceptable level to return to their former positions. Most of these employees are not qualified to take more sedentary positions and will require further education to

return to the work force. Vocational rehabilitative costs may begin to rise over the coming years as well.

Goal 4: A sustainable, efficient, accountable, quality health system.

The Provincial goal of a sustainable, efficient, accountable, and quality health system is supported by the Region. The three Region goals aligned with this Provincial goal are to provide an effective and comprehensive range of health services, to be fiscally responsible, and to ensure regular assessment of the services provided in the Region. The Region supports the regular evaluation of its services to make sure that its services are efficient and high quality, and meeting the needs of the client. The Region has undertaken several activities to support these goals.

The Region participated in its first Accreditation survey process as a region from May 8-13, 2005. The Region received a three-year Accreditation status, Accreditation with Condition: Report. A progress report is due to be submitted by June 2006 addressing several areas, including: aligning the work in developing indicators with the strategic plan; implementing the new performance appraisal tool; engaging in consultations with physicians to ensure patient charting occurs in a timely manner; carrying out fire drills on all shifts in all of the LTC facilities; and ensuring that double locked cupboards are available to store narcotics.

The Region evaluated the Child Health Clinic to provide a more evidence-based service at Child Health Conference. The outcomes of this evaluation are: a Public Health Nursing, Child Health Clinic Manual was compiled to include age-specific resources, guidelines and procedures; a pilot project began to give parents the option of seeing the same Public Health Nurse for subsequent appointments; the three year old Child Health Conference visit was discontinued; and new screening tools and processes were developed in cooperation with the Speech and Language Pathologists in order to enhance the services at the 18-month Child Health Clinic visit, thus identifying speech problems at an earlier age.

Responding to public concerns has become a major priority, as the Region believes in the need to be accountable to health consumers. The Region has a policy on disclosing adverse events to patients and has started this process. The Region reviews incidents, including critical incidents, and has had several reviews of cases with the family present at the review. There were 134 client contacts with the Region's Quality of Care Coordinator for the year 2004-2005. This number is up from 116 from the previous year. A measure of the organization's effectiveness at responding to the concerns of clients is the number of concerns resolved within 30 days. Of the Region's concerns, 90 per cent were resolved in less than 30 days. Concerns that are not resolved within 30 days usually involve several disciplines and are inter-regional in nature. The region reports all critical incidents to Saskatchewan Health. For the fiscal year 2005-2006, 100 per cent of critical incidents met the notification time frame of three days. Of these critical incidents, 100 per cent met the submission time frame for written report of 60 days.

A good indicator of appropriate and successful addiction services is the completion rate for alcohol and drug treatment. Addiction Services has improved the Alcohol and Drug

Outpatient Treatment Completion rate per 100 admissions from 61.5 per cent in 2003-2004 to 73.5 per cent in 2004-2005. These completion rates have continually increased from 2002-2003.

Mental Health Services decreased the average length of stay of mental health inpatients from 20.6 days in 2003-2004 to 16.8 days in 2004-2005. The target expected length of stay was 11.6 days in 2004-2005. The staff has implemented specific programming for clients and has enhanced the discharge planning process upon admission. The Region's goal is to have the average length of stay at or below the expected length of stay. Re-admission rates are a good indicator of successful community mental health services. The mental health inpatient re-admission rate for 2004-2005 was 19.1 per cent, which is below the provincial average of 22.6 per cent.

Financial Summary

2005/06 was a financially successful year for Sun Country Health Region. The region posted a surplus of approximately $103,000 on expenditures of approximately $99,647,000, while maintaining a high quality of care to its clients. The Region did not utilize the $1 million line of credit established under the Regional Health Authorities Act.

Overall revenues were significantly higher than budget ($4.3 million or 4.5 per cent) and the prior year ($6.3 million or 6.7 per cent), mainly due to the increased funding from Saskatchewan Health ($3.9 million over budget and $6.4 million over prior year). This increase is, for the most part, to fund the increasing cost of salaries due to Joint Job Evaluation (JJE), and finalizing negotiations with SUN and CUPE.

The Region's expenditures by programs were consistently over in all programs, except Physician Compensation, primarily due to the increase in salaries. Physician Compensation – Community Services decreased by $557,000 (19.5 per cent) from Budget and $441,000 (16 per cent) from the prior year, due to the Primary Care Alternative Payment contract being renegotiated. Although salaries explain the majority of the variance in expenditures, there are some other significant variances to note. The cost of drugs has decreased from budget ($39,000 or 7.2 per cent), and prior year ($31,000 or 5.8 per cent), due to regionalization of the distribution of drugs, fewer retail purchases and the increased use of formulary drugs. The cost of housekeeping and laundry has decreased from budget ($28,000 or 9.1 per cent) and prior year ($91,000 or 24.5 per cent) due the laundry being regionalized for a full year. Repairs and Maintenance is higher than budget ($238,000 or 19.5 per cent) and prior year ($188,000 or 14.8 per cent) due to unexpected projects and renovations that occurred in 2005/06.

Future Outlook/Emerging Trends

Sun Country Health Region is optimistic it will be able to meet its objectives in the future as long as it can continue to recruit and retain staff. Staff recruitment and retention is the biggest challenge for the Region at a time when population outflow is greater than many other areas in rural Canada, and when a higher than normal number of our staff, particularly those outside our small cities, is nearing retirement age.

Sun Country Health Region finds itself competing on both the provincial and the national levels for trained and trainable staff. Without a full complement of competent staff, Regional health facilities will be downgraded and current services levels will be unsustainable. "Capacity" issues in this Region are almost all staffing issues. Even a higher number of influenza outbreaks than usual in the Region this year might be laid at the door of these staffing shortfalls.

This competitive market situation means Sun Country Health Region must become more sophisticated about the way it sells both the southeastern Saskatchewan lifestyle, and its health facilities, to potential staff members. To retain these recruits once they are engaged, the Region also must ensure it has aggressive incentives, up-to-date equipment, attractive facilities, practical union-management relations, and innovative programs to help keep staff healthy. The Region must be more diligent in the future about workplace safety and rehabilitation of its staff.

To that end, SCHR's new disability management program, that helped reduce the cost of lost work days by 27 per cent in 2005-06, is the kind of contemporary development that will allow the Region to continue to fill the health care needs of the public over the long term.

SCHR is challenged to continue to provide high quality health services in spite of many unfilled positions and the long distances between rural facilities – during bad weather and good. It is searching for the efficient methods of providing services in spite of the obstacles. It must find a way to help the low income mother living in a small town, for instance, who can't drive to Weyburn or Estevan where a speech language pathologist for children is located, and it must divide up the services of a half-time drug counsellor between small town and city high schools serving both small and large student bodies. In the future, the team approach available from primary care professionals, more co-operation between regions, and more multi-disciplinary professionals might all be needed to help the Region meet its objectives.

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2006

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May 3, 2006

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Chief Executive Officer

Regional Director of Finance

To the Members of the Board of Sun Country Regional Health Authority:

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2006 and the statements of operations, supporting schedules, and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Sun Country Regional Health Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

May 3, 2006
Weyburn, Canada

Chartered Accountants

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31

(in thousands of dollars)

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	2006 Total	2005 Total (Note 10)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 1,799	1,718	1,920	5,437	5,646
Restricted Cash and Investments (Schedule 2)	900	-	-	900	868
Due from Saskatchewan Health	3,119	40	-	3,159	100
Trade Accounts Receivable	666	-	-	666	720
Accrued Interest Receivable	1	-	28	29	25
GST Receivable	93	-	-	93	163
Accounts Receivable - Interfund	122	-	(122)	-	-
Inventories	765	-	-	765	730
Prepaid Expenditures	516	-	-	516	526
	7,981	1,758	1,826	11,565	8,778
Long Term Investments (Schedule 2)	110	-	839	949	847
Long Term Loan Receivable (Note 5)	-	-	100	100	100
Interfund loans (Note 14)	-	(65)	65	-	-
Capital Assets (Note 3)	-	46,407	-	46,407	47,144
Total Assets	**$ 8,091**	**48,100**	**2,830**	**59,021**	**56,869**
Liabilities					
Current Liabilities					
Trade Accounts Payable	$ 1,388	129	-	1,517	1,518
Accrued Salaries and Benefits	6,001	-	-	6,001	3,089
Accrued Vacation	5,220	-	-	5,220	4,690
Current portion of Long Term Debt (Note 7)	-	294	-	294	282
Current portion of Obligation under Capital Lease (Note 4)	-	69	-	69	-
Deferred Revenue (Note 8)	739	-	-	739	664
	13,348	492	-	13,840	10,243
Long Term Debt (Note 7)	-	6,236	-	6,236	6,528
Obligation under Capital Lease (Note 4)	-	145	-	145	-
Total Liabilities	**13,348**	**6,873**	**-**	**20,221**	**16,771**
Fund Balances					
Externally Restricted (Schedule 3)	738	1,220	2,830	4,788	4,879
Internally Restricted (Schedule 4)	162	498	-	660	706
Invested in Capital Assets	-	39,509	-	39,509	39,838
Unrestricted	(6,157)	-	-	(6,157)	(5,325)
Total Fund Balances	**(5,257)**	**41,227**	**2,830**	**38,800**	**40,098**
Total Liabilities & Fund Balances	**$ 8,091**	**48,100**	**2,830**	**59,021**	**56,869**

Approved on behalf of the Board:

_____ Director

_____ Director

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31

(in thousands of dollars)

	Operating Fund			Restricted Funds			
	Budget 2006 (Note 12)	2006	2005 (Note 10)	Capital Fund 2006	Community Trust Fund 2006	2006	2005 (Note 10)
Revenues							
Saskatchewan Health - General Revenue Fund	$ 83,687	87,626	81,230	1,078	-	1,078	3,958
Other Province Revenue	392	357	417	212	-	212	215
Federal Government Revenue	-	6	3	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	141	150	143	-	-	-	-
Patient Fees	9,480	9,562	9,152	-	-	-	-
Out of Province Revenue	171	144	159	-	-	-	-
Out of Country Revenue	10	12	11	-	-	-	-
Donations	105	139	450	220	270	490	718
Investment Revenue	70	123	163	64	70	134	79
Recoveries	1,046	1,418	1,393	-	-	-	-
Other Revenue	318	213	300	40	-	40	4
	95,420	**99,750**	**93,421**	**1,614**	**340**	**1,954**	**4,974**
Expenditures †							
Acute Care Services	22,327	23,349	21,332	584	-	584	616
Physician Compensation - Acute	577	592	730	-	-	-	-
Supportive Care Services	41,971	44,823	42,968	2,297	151	2,448	1,770
Home Based Services - Supportive Care	6,404	6,600	5,766	21	-	21	23
Population Health Services	3,474	3,655	3,199	57	-	57	33
Community Care Services	4,847	4,859	4,321	10	-	10	9
Home Based Services - Acute & Palliative	859	938	845	3	-	3	3
Primary Health Care Services	2,729	2,756	2,541	100	7	107	106
Emergency Response Services - RHA	3,430	3,600	3,232	122	-	122	96
Mental Health Services - Inpatient	1,513	1,656	1,544	3	-	3	2
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	2,864	2,307	2,748	-	-	-	-
Program Support Services	4,284	4,362	4,046	-	-	-	-
Special Funded Programs	141	150	143	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	95,420	**99,647**	**93,415**	**3,197**	**158**	**3,355**	**2,658**
Net Revenues (Expenditures)	$ -	**103**	**6**	**(1,583)**	**182**	**(1,401)**	**2,316**
Balance of Funds at beginning of year		(4,457)	(414)	41,865	2,690	44,555	38,190
Interfund Transfers (Note 14)		(903)	(4,049)	945	(42)	903	4,049
Balance of Funds at end of year		$ **(5,257)**	**(4,457)**	**41,227**	**2,830**	**44,057**	**44,555**

† See also Schedule 1 - Expenditures Classified by Object

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31

(in thousands of dollars)

	Operating Fund		Restricted Funds			
	2006	2005 (Note 10)	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 10)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess of revenue over expenditure	$ 103	6	(1,583)	182	(1,401)	2,316
Amortization of capital assets	-	-	2,778	-	2,778	2,045
Gain on sale of assets	-	-	(35)	-	(35)	(4)
Net change in non-cash working capital						
Due from Saskatchewan Health	(3,019)	1,205	(40)	-	(40)	6,588
Trade Accounts Receivable	54	11	-	-	-	-
Accrued Interest Receivable	5	-	-	(9)	(9)	1
GST Receivable	70	134	-	-	-	-
Accounts Receivable - Interfund	(32)	25	-	32	32	(25)
Inventories	(35)	21	-	-	-	-
Prepaid Expenditures	10	95	-	-	-	-
Interfund Loan	-	-	(63)	63	-	-
Trade Accounts Payable	237	(360)	(238)	-	(238)	(1,171)
Accrued Salaries and Benefits	2,912	(523)	-	-	-	-
Accrued Vacation	530	365	-	-	-	-
Deferred Contributions	75	244	-	-	-	-
	910	1,223	819	268	1,087	9,750
Purchase of capital assets	-	-	(2,041)	-	(2,041)	(12,630)
Proceeds from sale of capital assets	-	-	35	-	35	15
Net change in restricted cash and investments	(32)	83	-	-	-	-
Purchase of investments	(93)	-	-	(9)	(9)	251
Proceeds from investments	-	287	-	-	-	400
	(125)	370	(2,006)	(9)	(2,015)	(11,964)
Repayment of Debt	-	-	(280)	-	(280)	(265)
Proceeds from Debt	-	-	214	-	214	-
	-	-	(66)	-	(66)	(265)
Net increase (decrease) in Cash Flow	$ **785**	**1,593**	**(1,253)**	**259**	**(994)**	**(2,479)**
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 1,917	4,373	2,026	1,703	3,729	2,159
Interfund Transfers (Note 14)	(903)	(4,049)	945	(42)	903	4,049
Net increase (decrease) in Cash Flow	785	1,593	(1,253)	259	(994)	(2,479)
Balance at end of year	$ **1,799**	**1,917**	**1,718**	**1,920**	**3,638**	**3,729**
Balance at end of year is comprised of						
Cash and cash equivalents	1,531	1,724	1,718	940	2,658	3,047
Short term investments	268	193		980	980	682
Cash and short term investments (Schedule 2)	$ **1,799**	**1,917**	**1,718**	**1,920**	**3,638**	**3,729**
Supplementary Cash Flow Information						
Interest Paid	$ -	-	**402**	-	**402**	**414**

(See accompanying notes and schedules)

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authority.

The Sun Country Regional Health Authority (SCRHA) was created by the Act. The Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Sun Country Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations

i) The SCRHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provided health services:

Canadian Mental Health Association
Weyburn Group Home Society
Moose Mountain Alcohol and Drug
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Co. Inc.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Restricted Fund Accounting

The SCRHA follows the Restricted Fund method of accounting. Fund accounting creates a self-balancing set of accounts for each fund, established by legal, contractual, or voluntary actions. The Restricted Fund Method is a specialized form of fund accounting that distinguishes between operating funds and funds that are restricted for specific purposes.

2. Significant Accounting Policies - continued

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by contributor and funding relating to the mortgages. Expenses consist of the amortization of assets and interest expense.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation' agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue Recognition

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. The cost of inventory is determined by the weighted average method.

f) Investments

Investments are valued at the lower of cost or net realizable value. Investments are comprised of term deposits, bonds, debentures, and guaranteed investment certificates. (See Schedule 2)

2. Significant Accounting Policies - continued

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

(in thousands of dollars)	2006			2005
	Cost	Accumulated Amortization	Net	Net
Land	$ 725	$ -	$ 725	$ 725
Land Improvements	921	674	247	193
Leasehold Improvements	701	672	29	70
Buildings	66,651	25,398	41,253	41,985
Equipment	22,998	19,084	3,914	4,171
Under Capital Lease:				
Land	25	-	25	-
Building	165	8	157	-
Equipment	71	14	57	-
	$ 92,257	$ 45,850	$ 46,407	$ 47,144

4. Commitments

a) Capital Project

As of March 31, 2006, SCRHA is committed to building a Long Term Care Facility in Weyburn. The commitment details are as follows:

	SCRHA	Sk Health	Total
Total Project Costs	$ 7,171,300	$ 15,150,000	$ 22,321,300
Capitalized as of March 31, 2006	(6,956,681)	(15,110,000)	(22,066,681)
Remaining Commitment	$ 214,619	$ 40,000	$ 254,619

b) Capital Asset Acquisitions

SCRHA received $550,000 Capital funding from Saskatchewan Health in 2006 for the purchase of various capital assets. At March 31, 2006, there remained $198,974 to be used to acquire capital equipment in 2007.

c) Capital Life Safety/Emergency & Infrastructure Projects

SCRHA received $640,000 Capital funding from Saskatchewan Health in 2005 for specific capital projects. At March 31, 2006, there remained $62,906 to be used for these projects. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2007.

4. Commitments - continued

d) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2007	$ 147,443
2008	$ 110,443
2009	$ 92,739
2010	$ 79,263
2011	$ 75,829

e) Capital Leases

SCHR currently has two capital leases. The details and future minimum lease payments over the next five years are as follows:

	Equipment	Land and Building	Total
Interest rate	6.15%	4.69%	
Expiry date	January 31, 2011	March 31, 2009	
2007	$ 16,456	$ 52,112	$ 68,568
2008	16,456	52,112	68,568
2009	16,456	52,112	68,568
2010	16,456	-	16,456
2011	13,715	-	13,715
Total minimum lease payments	$ 79,539	$ 156,336	$ 235,875
Amount representing interest	(10,896)	(10,798)	(21,694)
Balance of the obligation	$ 68,643	$ 145,538	$ 214,181
Less: Current Portion	(16,456)	(52,112)	(68,568)
	$ 52,187	$ 93,426	$ 145,613

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. The payment terms are to pay $50,640 annually starting after the M.O.R.E. 2000 Organization Inc. has fully paid off their existing Mortgage Debt which is estimated to be sometime in 2009.

6. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank account. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2006	*2005*
Sun Country Regional Health Authority - Resident Trust	$ 44,384	$ 48,344
Souris Valley Extended Care Centre – Resident Bazaar	53,534	57,283
Weyburn Mental Health Centre – Resident Bazaar	113,226	112,450
Weyburn Special Care Home - Canteen	4,301	4,900
	$ 215,445	$ 222,977

7. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Newhope Pioneer Lodge CMHC, due May 1, 2021	5.900%	$119,142 principal & interest of which $44,304 is subsidized by SHC. Yielding an effective interest rate of 2.225%. Mortgage renewal date - August 1, 2006	$ 1,196,879	$ 1,244,714
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	111,903	116,904
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	127,422	136,345
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	80,618	83,072
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	350,909	357,485
Creighton Lodge CMHC, due April 1, 2006	5.375%	$4,840 principal & interest Mortgage renewal date - April 1, 2006	404	5,087
Weyburn Special Care Home CMHC, due April 1, 2019	5.900%	$158,300 principal & interest of which $64,951 is subsidized by SHC. Yielding an effective interest rate of 1.961%. Mortgage renewal date - August 1, 2006	1,444,105	1,515,919
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	155,776	165,933
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	98,163	103,409
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$49,284 principal & interest of which $20,121 is subsidized by SHC. Yielding and effective interest rate of 2.089%. Mortgage renewal date - February 1, 2006	516,396	534,100
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$46,775 principal & interest of which $18,574 is subsidized by SHC. Yielding and effective interest rate of 2.133%. Mortgage renewal date - February 1, 2006	484,796	501,905
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$74,821 principal & interest of which $29,408 is subsidized by SHC. Yielding and effective interest rate of 2.241%. Mortgage renewal date - February 1, 2006	753,820	782,446
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	75,224	79,674
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding and effective interest rate of 2.080%. Mortgage renewal date - December 1, 2013	1,132,341	1,182,644
			$ 6,528,756	$ 6,809,637
		Less: Current Portion	293,871	281,665
			$ 6,234,885	$ 6,527,972

7. Long Term Debt - continued

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2007	293,871
2008	307,865
2009	326,423
2010	346,107
2011	366,985
2012 and thereafter	4,887,505

8. Deferred Revenue
(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initialtives				
Primary Care Funding	212	165	145	192
Aboriginal Awareness	38	19	36	55
Professional Development	39	9	-	30
Team Facilitator Position	56	45	79	90
Health Promotion	22	22	-	-
SIMS and PHIS	17	2	9	24
Health Improvement Initiatives	226	70	-	156
Enforcement of Smoke Free	6	4	-	2
Surgical Wait List	3	-	-	3
Healthline	3	-	8	11
HIPA	15	15	-	-
Telehealth	11	26	15	-
MDS for Home Care	-	-	75	75
Project Hope	-	13	35	22
HSAS Contract retro	-	-	23	23
Needlestick safe needle	-	-	41	41
Total Sask Health	**$ 648**	**$ 390**	**$ 466**	**$ 724**
Other Initiatives				
Other Revenue received in advance	**$ 16**	**$ 13**	**$ 12**	**$ 15**
Total Deferred Revenue	**$ 664**	**$ 403**	**$ 478**	**$ 739**

Restricted funding related to general operations from Saskatchewan Health – General Revenue Fund is recorded as revenue as the related costs are incurred.

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2006	*2005 (Note 10)*
Revenues		
Medical Services Branch	$ 108,090	$ 100,519
Saskatchewan Government Insurance	149,965	143,152
Saskatchewan Health	290,938	325,766
Saskatchewan Property Management	24,393	83,878
Senior Citizen's Ambulance Assistance Program	637,070	593,792
Workers' Compensation Board	198,971	267,333
	$ 1,409,427	$ 1,514,440
Expenditures		
Canadian Mental Health Association	$ 100,669	$ 98,844
Fillmore Ambulance	73,260	73,260
Moose Mountain Alcohol & Drug Rehab	21,794	131,794
Moosomin Union Hospital	23,557	239,536
Public Employees Pension Plan	156,119	96,298
Public Service Superannuation Board	82,496	56,374
Radville Marian Health Centre	2,514,833	2,317,992
Regina Qu'Appelle Health Region	116,066	79,069
SaskTel Mobility	85,223	53,938
Saskatchewan Association of Health Organizations	3,302,094	2,848,761
SaskEnergy Incorporated	619,201	693,293
Saskatchewan Power Corporation	915,795	808,525
Saskatchewan Property Management	712,507	393,413
Saskatchewan Telecommunications	316,187	257,720
Saskatchewan Health Employees Pension Plan	5,694,906	5,500,414
SMILE Services Inc.	52,180	47,784
St. Joseph's Hospital	10,722,782	10,101,779
Supreme Ambulance (Carlyle)	247,494	268,855
The Border-line Housing Corporation	1,074,950	1,041,684
Weyburn Group Home Society	207,050	192,702
Workers' Compensation Board	1,285,733	1,346,114
	$ 28,324,896	$ 26,648,149

9. *a) Related Party Transactions - continued*

	2006	2005
Trade Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	$ 39,885	$ 84,496
Prepaid Expenditures		
Workers' Compensation Board	$ 290,505	$ 317,277
Accounts Payable		
Radville Marian Health Centre	$ 62,351	$ -
Saskatchewan Association of Health Organizations	159,666	143,555
SaskEnergy Incorporated	85,559	103,768
Saskatchewan Health	69,434	61,890
Saskatchewan Power Corporation	51,253	67,092
Saskatchewan Property Management	71,293	47,808
Saskatchewan Health Employees Pension Plan	448,560	418,251
St. Joseph's Hospital	211,594	76,004
	$ 1,159,710	$ 918,368

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenditures incurred in the normal course of business.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The SCRHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2006	2005
Canadian Mental Health Association	$ 100,669	$ 98,844
Weyburn Group Home Society Inc.	207,050	192,702
SMILE Services Inc.	52,180	47,784
Moose Mountain Drug and Alcohol Rehab.	21,794	131,794
Fillmore Ambulance	73,260	73,260
Supreme Ambulance (Carlyle)	247,494	268,855
	$ 702,447	$ 813,239

9. b) *Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2006	*2005*
St. Joseph's Hospital	$ 10,687,332	$ 10,063,248
Radville Marian Health Centre	2,514,833	2,317,992
The Border-line Housing Co. Inc.	1,074,950	1,041,684
Total	$ 14,277,115	$ 13,422,924

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2006 and 2005 and for the years then ended:

	Total 2006	*Total 2005*
Balance Sheet		
Assets	$ 2,797,559	$ 2,587,978
Net Capital Assets	23,480,150	24,331,828
Total Assets	$ 26,277,709	$ 26,919,806
Total Liabilities	2,530,690	2,256,097
Total Net Assets	23,747,019	24,663,709
	$ 26,277,709	$ 26,919,806
Results of Operations and Fund Balances		
SCRHA Grant	$ 14,277,115	$ 13,603,496
Other Revenue	4,081,002	4,132,552
Total Revenue	$ 18,358,117	$ 17,736,048
Salaries & Benefits	14,318,849	13,676,986
Other Expenses *	4,955,955	4,679,864
Total Expenses	19,274,804	18,356,850
Excess Expenses over Revenue	$ (916,687)	$ (620,802)
Cash Flows		
Cash from Operations	$ 114,969	$ 693,728
Cash used in Financing Activities	(5,406)	(3,786)
Cash used in Investing Activities *	(207,779)	(302,665)
Increase in cash	$ (98,216)	$ 387,277

* Other Expenses includes amortization of $1,059,419 (2005 - $1,060,945)

* Cash used in Investing Activities includes capital purchases of $207,741 (2005 - $302,665)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2006	2005
South Central Health District Foundation Inc.	$ -	$ 198,974
Redvers & District Community Health Foundation Inc.	16,614	13,737
Wawota Health Care Foundation Inc.	110	251
Kipling District Health Foundation Inc.	11,274	-
Brock Union Hospital Foundation Corporation	-	-
Moose Mountain Lodge Foundation Inc.	-	-

10. Comparative Statements

Some items appearing in the statements for the prior year have been reclassified to conform with the presentation used for the current year.

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Service Superannuation Plan (a related party) which is a defined benefit plan and the responsibility of the Province of Saskatchewan.

iii) The Public Employees' Pension Plan (a related party) which is a defined contribution plan and the responsibility of the Province of Saskatchewan.

For SHEPP, the financial obligation of the SCRHA is 1.12 times the amounts contributed by employees for current services. For the Public Service Superannuation Plan the financial obligation of the SCRHA is 2.67 (2005 – 2.62) times the amounts contributed by employees for current services. The Public Employees' Pension Plan, the financial obligation of the SCRHA is limited to matching the amounts contributed by employees for current services.

The pension expense for the year amounted to $3,128,641 (2005 - $2,996,989), and is included in Employee Benefits in Schedule 1.

SHEPP – Contribution rates are as follows:
5.85% (2005–5.85%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
7.35% (2005–7.35%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

Public Service Superannuation Plan:
Contribution rates are 7.00% (2005 – 7.00%) of pensionable earnings.

Public Employees Pension Plan:
Contribution rates are 5.00% (2005 – 5.00%) of pensionable earnings.

12. Budget

The SCRHA Board approved the 2005-2006 budget on May 25, 2005.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Cash and short term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

ii) For investments, the fair value is based on quoted market prices where available. The carrying value of the SCRHA's long term debt approximates its fair value, because interest charges under the terms of the debt are comparable to the Canadian bank prime.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2005 and 2006.

14. Interfund Transfers

Each year the SCHRA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

(in thousands of dollars)	2006			2005		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Asset Purchase	$ (777)	$ 819	$ (42)	$ (3,910)	$ 3,924	$ (14)
SHC reserves - Allocation	(119)	119	-	(119)	119	-
SHC reserves - R & M	99	(99)	-	90	(90)	-
SHC reserves - Transfers	10	(10)	-	6	(6)	-
EMS Vehicle Allocation	(50)	50	-	(50)	50	-
Interfund Loan pmt	(66)	66	-	(66)	66	-
	$ (903)	$ 945	$ (42)	$ (4,049)	$ 4,063	$ (14)

The SCRHA with agreement of the Gainsborough Area Trust established an inter-fund loan. The agreement provides for the Gainsborough Area Trust fund to loan the Capital Fund an amount of $500,000. This inter-fund loan is to be repaid to the Gainsborough Area Trust in monthly instalments of $5,515 (2005 - $5,492) at an annual interest rate based on the prime rate of interest at the Gainsborough Credit Union, which may vary from year to year. The balance as at March 31 was $64,938 (2005 - $127,937).

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingency

The SCRHA has guaranteed a $200,000 loan for the Redvers & District Community Health Foundation Inc. regarding the Redvers Health Centre project. This $200,000 has been set-up as an internally restricted fund.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2006

Schedule 1

Schedule of Expenditures Classified by Object

(in thousands of dollars)

	Operating Fund		Total
	2006 Budget (Note 12)	2006 Actual	2005 Actual (Note 10)
Operating:			
Board Costs	129	116	112
Compensation - Benefits (Note 11)	10,142	10,311	9,517
Compensation - Salaries	54,547	58,669	52,378
Diagnostic Imaging Supplies	80	88	83
Drugs	543	504	535
Food and Dietary	1,378	1,386	1,386
Grants to ambulance services	321	321	342
Grant to Third Parties	14,217	14,674	13,913
Housekeeping and Laundry	309	281	372
Information Technology Contracts & Licenses	296	287	333
Insurance	255	287	264
Interest	1	1	2
Laboratory Supplies	455	465	428
Medical and Surgical Supplies	1,095	1,178	1,156
Medical Remuneration and Benefits	3,623	3,057	3,611
Office and General Supplies	551	582	767
Other	1,052	1,053	1,076
Other referred out services	833	684	773
Professional Fees	487	449	479
Prosthetics	-	-	-
Purchased Services	469	391	390
Rent/Lease/Purchase	624	677	1,142
Repairs and Maintenance	1,221	1,459	1,271
Service Contracts	318	270	388
Travel	596	504	505
Utilities	1,878	1,953	2,192
	$ 95,420	**99,647**	**93,415**
Restricted:			
Amortization of Capital Assets		$ 2,778	2,045
Interest on Long Term Debt		399	412
Grants to Third Parties		20	20
Other		158	181
		$ 3,355	**2,658**

(See accompanying notes)

Schedule 2

Schedule of Cash and Investments

(in thousands of dollars)

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS						
Externally Restricted Cash and Investments - Community Trust (schedule 3)						
Creighton Lodge - Estevan Credit Union	$ 70	$ -	$ 70			
Midale Area Trust						
Midale Credit Union - Term Certificate	$ 120	$ -	$ 120	May 1, 2006	1.900%	1.900%
Midale Credit Union - Term Certificate	150	-	150	August 11, 2006	3.000%	3.000%
Midale Credit Union - Term Certificate	140	-	140	September 5, 2006	3.000%	3.000%
Midale Credit Union - Term Certificate	-	50	50	August 23, 2007	2.600%	2.600%
Midale Credit Union - Term Certificate	-	100	$ 100	December 15, 2008	3.500%	3.500%
Midale Credit Union - Term Certificate	-	200	200	June 15, 2010	3.400%	3.400%
Midale Credit Union - Term Certificate	-	50	50	October 21, 2010	3.600%	3.600%
Midale Credit Union - Plan 24	168	-	168			
	$ 578	$ 400	$ 978			
*Oxbow Area Trust - Estevan Credit Union	$ 386	$ -	$ 386			
Gainsborough Area Trust						
Gainsborough Credit Union - Term Certificates	$ 8	$ -	$ 8	April 2, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	25	-	25	May 1, 2006	2.000%	2.000%
Gainsborough Credit Union - Term Certificates	12	-	12	May 30, 2006	2.750%	2.750%
Gainsborough Credit Union - Term Certificates	290	-	290	July 31, 2006	2.500%	2.500%
Gainsborough Credit Union - Term Certificates	60	-	60	August 3, 2006	1.850%	1.850%
Gainsborough Credit Union - Term Certificates	26	-	26	August 31, 2006	2.000%	2.000%
Gainsborough Credit Union - Term Certificates	38	-	38	November 6, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	11	-	11	November 28, 2006	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	15	-	15	December 16, 2006	2.850%	2.850%
Gainsborough Credit Union - Term Certificates	22	-	22	January 3, 2007	2.750%	2.750%
Gainsborough Credit Union - Term Certificates	6	-	6	January 7, 2007	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	17	-	17	March 12, 2007	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	23	23	June 3, 2007	2.500%	2.500%
Gainsborough Credit Union - Term Certificates	-	30	30	August 6, 2007	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	108	108	September 9, 2007	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	6	6	January 13, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	19	19	February 21, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	24	24	March 29, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	42	42	November 21, 2008	3.750%	3.750%
Gainsborough Credit Union - Term Certificates	-	160	160	January 17, 2009	3.350%	3.350%
Gainsborough Credit Union - Term Certificates	-	27	27	March 16, 2009	3.650%	3.650%
Gainsborough Credit Union - Chequing	2	-	2			
	$ 532	$ 439	$ 971			
Lampman Area Trust - Estevan Credit Union - Chequing	$ 46	$ -	$ 46			
Fillmore Area Trust						
RBC Investment Account	$ 27	$ -	$ 27			
Royal Bank - Money Maker Plus	63	-	63			
Canada Savings Bond	40	-	40	November 1, 2006	6.370%	6.370%
Royal Bank	94	-	94			
	$ 224	$ -	$ 224			
Coronach Trust - CIBC	$ 84	$ -	$ 84			
Total Community Trust Externally Restricted Funds	**$ 1,920**	**$ 839**	**$ 2,759**			

(See accompanying notes)

Schedule of Cash and Investments - continued

(in thousands of dollars)

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS - continued						
Externally Restricted Cash and Investments - Operating Fund (schedule 3)						
Weyburn General Hospital - Palliative	$ 1	$ -	$ 1			
Wood Gundy	228	-	228			
General Motors Accept. Corp. of Canada	200	-	200	July 27, 2006	6.000%	6.000%
Estevan Credit Union	309	-	309			
Total Operating Externally Restricted Funds	**$ 738**	**$ -**	**$ 738**			
Internally Restricted Cash and Investments - Operating Fund (schedule 4)						
Estevan Credit Union	$ 162	$ -	$ 162			
Total Operating Fund Internally Restricted	**$ 162**	**$ -**	**$ 162**			
Total Operating Fund Restricted Cash and Investments	**$ 900**	**$ -**	**$ 900**			
Externally Restricted Cash and Investments - Capital Fund (schedule 3)						
WGH Building Fund	$ 513	$ -	$ 513			
WGH - Lottery	16	-	16			
Estevan Credit Union	691	-	691			
Total Capital Externally Restricted Funds	**$ 1,220**	**$ -**	**$ 1,220**			
Internally Restricted Cash and Investments - Capital Fund (schedule 4)						
Wood Gundy	153	-	153			
Estevan Credit Union	345	-	345			
Total Capital Fund Internally Restricted	**$ 498**	**$ -**	**$ 498**			
Total Capital Fund Restricted Cash and Investments	**$ 1,718**	**$ -**	**$ 1,718**			
Total Restricted Cash and Investments	**$ 4,538**	**$ 839**	**$ 5,377**			

Estimated Fair Market Values for Restricted Cash and Investments	*2006*	*2005*
Cash and Short Term Investments (approximates face value)	$ 4,538	$ 4,397
Long Term Investments (approximates face value)	839	1,029
	$ 5,377	$ 5,426

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
UNRESTRICTED CASH AND INVESTMENTS						
Estevan Credit Union	$ 1,731	$ -	$ 1,731			
RBC Dominion	-	-	-			
Co-op Equity	-	10	10			
Sask Savings Bonds	5	-	5	July 15, 2006	4.250%	4.250%
Estevan Credit Union - Term Certificates	-	100	100	November 14, 2007	2.600%	2.600%
CIBC T-Bill Fund	63	-	63			
Total Unrestricted Cash and Investments	**$ 1,799**	**$ 110**	**$ 1,909**			

Estimated Fair Market Values for Unrestricted Cash and Investments	*2006*	*2005*
Cash and Short Term Investments (approximates face value)	$ 1,799	$ 1,917
Long Term Investments (approximates face value)	110	17
	$ 1,909	$ 1,934

(See accompanying notes)

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

(in thousands of dollars)

	Balance Start of Year	Investment & Other Revenue	Donations	Expenses	Contributions (Withdrawals)	Balance End of Year
Operating Fund:						
Arcola Health Centre	$ 316	12	9	(8)	-	329
Deerview Lodge	22	1	1	(2)	-	22
Estevan Regional Nursing Home	5	-	4	-	-	9
Fillmore Health Centre	15	1	5	(5)	-	16
Galloway Oxbow	4	-	-	(3)	-	1
Home Care	156	6	21	(15)	-	168
Kipling Health Centre	5	-	2	(4)	-	3
Moose Mountain Lodge	74	3	18	(47)	-	48
Newhope Pioneer Lodge	3	-	1	-	-	4
Public Health Services	4	-	-	-	-	4
Redvers Centennial Haven	9	-	11	(12)	-	8
Tatagwa View	18	1	12	(7)	-	24
Tatagwa View - Therapeutic Park	5	1	18	(13)	-	11
Weyburn General Hospital	-	-	11	-	-	11
Weyburn Palliative Care	32	1	3	(11)	-	25
Weyburn Special Care Home Education	33	1	1	(1)	-	34
Other communities	11	1	22	(13)	-	21
	712	**28**	**139**	**(141)**	**-**	**738**
Capital Fund:						
Arcola Health Centre	56	7	97	(85)	-	75
Kipling Health Centre	-	-	10	(10)	-	-
Redvers Health Centre	-	-	6	(6)	-	-
Galloway Health Centre	-	-	5	(5)	-	-
Saskatchewan Health Capital Funding (Note 4)	604	-	550	(892)	-	262
Weyburn General Hospital Building	496	17	-	-	-	513
Weyburn General Hospital Equipment	321	27	102	(80)	-	370
	1,477	**51**	**770**	**(1,078)**	**-**	**1,220**
Community Trust Fund:						
Coronach Trust Fund	63	2	-	--	-	65
Fillmore Area Trust Fund	222	4	-	-	-	226
Gainsborough Area Trust	1,037	27	2	(41)	(12)	1,013
Lampman Area Trust Fund	39	-	8	(4)	-	43
Midale Area Trust Fund	875	24	235	(59)	(30)	1,045
Oxbow Area Trust Fund	352	11	25	(6)	-	382
Estevan Regional Nursing Home Trust Fund	3	-	-	(3)	-	-
Creighton Lodge Trust Fund	99	2	-	(45)	-	56
	2,690	**70**	**270**	**(158)**	**(42)**	**2,830**
	$ 4,879	**149**	**1,179**	**(1,377)**	**(42)**	**4,788**

(See accompanying notes)

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

(in thousands of dollars)

	Balance beginning of year	Investment income allocated	Transfer from unrestricted fund annual allocation	Transfer to unrestricted fund Expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ 10	-	6	(16)	-	-
Weyburn Special Care Home	12	1	45	(34)	-	24
Estevan Regional Nursing Home	-	-	15	(15)	-	-
Creighton Lodge	3	-	14	(15)	-	2
Newhope Pioneer Lodge	100	5	10	(5)	(10)	100
Wawota Deerview Lodge	14	1	8	(11)	-	12
Carlyle Moose Mountain Lodge	46	3	8	(27)	-	30
Kipling Willowdale Lodge	6	-	7	(10)	-	3
Redvers Centennial Haven	8	-	6	(8)	-	6
Other						
Emergency Medical Services Vehicles	150	3	50	(82)	-	121
Redvers Building (Note 16)	200	-	-	-	-	200
Total Capital Internally Restricted Fund Balances	**549**	**13**	**169**	**(223)**	**(10)**	**498**
Operating Internally Restricted Fund Balances						
Estevan and Area	148	6	-	-	-	154
Quality Workplace	8	-	-	-	-	8
Total Operating Internally Restricted Fund Balances	**156**	**6**	-	-	-	**162**
Total Internally Restricted Fund Balances	$ **705**	**19**	**169**	**(223)**	**(10)**	**660**

Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in these reserve balances during the year.

The maximum accumulated fund required is equal to ten times the annual allocation.

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2005 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

(See accompanying notes)

Schedule 5

Board Remuneration, Benefits, and Allowances

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits (1)	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson:							
Kickley, Earl	$ 19	$ 5	$ 7	$ 31	$ 19	$ 13	$ 32
Board Member:							
Arthur, Alan J.	3	2	2	7	3	3	6
Bauche, Sharon R.	6	3	6	15	4	6	10
Bieberdorf, Natalie	3	-	1	4	3	3	6
Dash, Rita	8	4	5	15	7	11	18
Empey, John	-	-	-	-	1	-	1
Gallaway, Marguerite	3	1	1	5	2	3	5
Kerr, Dave	4	1	1	6	3	2	5
Koszman, Maurice W.	4	-	3	7	5	4	9
McFarlane, Jack	4	2	3	9	3	4	7
Palmer, Vern	3	2	3	8	1	1	2
Sjovold, Louise	-	-	-	-	1	-	1
Standing Ready, Darlene	3	1	2	6	3	3	6
Ward, Larry	1	-	-	1	-	-	-
Total	$ 59	$ 21	$ 34	$ 114	$ 55	$ 53	$ 108

(1) Benefits includes employer CPP and all travel time

Senior Management Salaries, Benefits, Allowances, and Severence

	2006							2005			
					Severence						
Staff	# of FTEs	Salaries (1)	Benefits and Allowances (2)	Sub-total	Number of Individuals	Amount	Total	# of FTEs	Salaries, Benefits & Allowances (Note 10)	Severence	Total
Lee Spencer, CEO (3)	0.75	$ 100	$ -	$ 100	-	$ -	$ 100	1.0	$ 142	$ -	$ 142
Calvin Tant, CEO (3)	0.42	54	-	54	-	-	54	-	-	-	-
Senior Employee, Positions:											
Margaret Cugnet, VP Primary & Integrated Health Care	1.00	102	-	102	-	-	102	1.0	101	-	101
Lloyd Searcy, VP Corporate & Financial Services	1.00	113	-	113	-	-	113	1.0	101	-	101
Janice Giroux, VP Community Programs	1.00	100	-	100	-	-	100	1.0	97	-	97
Don Ehman, VP Human Resources	1.00	100	-	100	-	-	100	1.0	97	-	97
Murray Goeres, Director of Facilities	1.00	82	-	82	-	-	82	1.0	80	-	80
	6.17	$ 651	$ -	$ 651	-	$ -	$ 651	6	$ 618	$ -	$ 618

(1) Salaries include regular base pay, lumpsum payments, and any other direct cash remuneration including sick leave, short-term disability and vacation

(2) Benefits and allowances include the employer's share of employee benefits and allowances. This includes car allowance, employee education expense, personal allowances, relocation allowance, and RRSPs.

(3) Lee Spencer retired December 31, 2005 and Calvin Tant started October 31, 2005

(See accompanying notes)

Governance and Transparency

The role of the Regional Health Authority (RHA) is to govern the organization in a quest "To promote health and to respond to the needs of the community." It is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of the Regional Health Authority, which cannot be delegated, is to:

1. Provide accountability to the residents of the Region for the activities of Sun Country Health Region.

2. Provide the link between the organization and the community.
   2.1 Provide RHA highlights to the public following regularly scheduled meetings.
   2.2 Hold open Regional Health Authority meetings monthly for public attendance.

3. Develop written governing policies which, at the broadest levels, address:
   3.1. Ends/Outcomes: Results, impacts, benefits and outcomes (what good, for which needs, at what cost). These policies are to include, but are not limited to a written mission statement, a statement of values and philosophy, and strategic goals.
   3.2 Executive Limitations (On the Means): Constraints on executive authority that establish the prudent and ethical boundaries within which all executive activity and decisions take place.
   3.3 Governance Process: Specification of how the RHA conceives, carries out and monitors its own task.
   3.4 RHA-CEO Relationship: How power is delegated and its proper use monitored; the CEO role authority, and accountability.

4. Determine staff performance in achieving the results defined in the Ends/Outcome policies, and not exceeding the constraints in Executive Limitations policies, through monitoring and evaluation of the Chief Executive Officer.

5. Develop statements of principles and positions related to public policy that represent the health interests of the community.

More specifically, the RHA will:

1. Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.

2. Direct, control and inspire the Sun Country Health Region organization through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
   (a) the desired results;
   (b) the boundaries of prudence and ethics;
   (c) RHA roles and responsibilities and
   (d) the RHA-CEO relationship.

3. Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in RHA policies.

4. Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the RHA to usurp this role or hinder this commitment.

5. Initiate policy, not merely react to initiatives.

6. Monitor and regularly discuss the Authority's own process or performance. Provide continuity of its governance by continuing education and development.

7. Use the expertise of individual members to enhance the ability of the RHA as a body to make policy, rather than to substitute the individual's values for the group's values.

Regional Health Authority & Committee Structure

The Sun Country Health Region is managed by the Sun Country Regional Health Authority. The Health Authority consists of 12 individuals from various communities within the Region who are appointed by the Minister of Health.

Committee Structure

The Regional Health Authority Committees exist to assist in decision making to carry out their responsibilities. At present the Board has four (4) working committees: Strategic Planning and Needs Assessment, Finance, Education and Executive.

The Strategic Planning and Needs Assessment Committee consists of Regional Health Authority Members, three (3) Senior Staff members, representatives from Staff, Management, Medical Staff, and Community and additional resource persons as needed. The purpose of this committee is to develop and evaluate the Strategic Plan of the Region. This plan will then guide the development of current and future services and programs.

The Committee also identifies issues facing the Regional Health Authority and evaluates the resources, programs and capabilities as they relate to the Needs Assessment. The Committee makes recommendations for establishing priorities for future capital expenditures and resources required to implement the Strategic Plan and develops key strategies for achieving its short and long term goals evaluating and prioritizing submissions for new or expanded programs, quality improvement issues/opportunities and risk management issues/ opportunities.

The Finance Committee consists of the Board Chairperson (ex-officio), other members appointed by the Board and the CEO. The Committee oversees the management of all funds, in accordance with Provincial guidelines and generally accepted accounting principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation. It provides advice and recommendations to the Board on a monthly basis and ensures that policies and procedures are established for financial matters.

auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation. It provides advice and recommendations to the Board on a monthly basis and ensures that policies and procedures are established for financial matters.

The Education Committee develops linkages between communities and the Health Authority to inform the public about public initiatives. This committee communicates the Region's vision, mission, goals and objectives as well as its role in meeting the needs of community residents, identifying issues affecting their communities and profiling the wellness philosophy of health care, including health promotion and the prevention of illness.

Health Advisory Networks

The Sun Country Health Region has one Community Advisory Network. It includes the following areas: Pangman, Ogema, Radville, Bengough, Coronach and surrounding communities. Unfortunately, the Network is not very active in providing the type of information that is needed for its area or in discussing the type of, and quality of, services in its area.

We have therefore abandoned setting up any further Health Advisory Networks. The Region has instead established working relationships with community based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Networks.

The organizations we have built relationships with are:

- Bengough Health Advisory Committee
- Coronach Health Advisory Committee
- Pangman Health Advisory Committee
- Fillmore Community Health Advisory Committee
- Carievale Community Health Advisory Committee
- Wawota Health Care Foundation Inc.
- Moose Mountain Lodge Foundation
- Brock Union Hospital Foundation Corporation
- Redvers & District Community Health Foundation Inc.
- Kipling District Health Foundation
- St. Joseph's Hospital Foundation
- Father Yandeau Memorial Foundation
- Maryfield Community Non-Profit Corporation
- Gainsborough & Area Health Centre Trust Committee
- Creighton Lodge Trust Committee
- Galloway Trust Committee
- Mainprize Manor & Health Centre Trust Committee
- Lampman Community Health Centre Trust Committee
- Fillmore Health Centre Trust Committee
- Golden Years Suite

Public Transparency

Maintaining public transparency in the Region is a process that is ongoing. Significant achievements include:

- Establishing a plan for disseminating information to staff members and community representatives about plans and direction for health care in the Region.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department. Included in this are initiatives such as the regular publication of a staff newsletter (Sun Country Chatter) and an SCHR community newsletter (The Regional Sun) that goes out to each household in the Region on an approximately quarterly basis.
- Various presentations to both staff and community groups about the identity and services offered by the Sun Country Health Region.
- The printing and making available of copies of the Annual Report and on the website.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Board meetings that are open to the public, as well as making copies of information from the Board Meetings available to interested community groups, staff members and placed on the website.
- Professional initiatives such as Accreditation by the Canadian Council of Health Services Accreditation, Ottawa.
- Posted on our website are current news releases, annual reports and payee lists, board meeting highlights, newsletters, employee benefit information and regional contacts.
- A new section in the DirectWest phone book called "The Green Pages" includes contact information for all the services provided by the Region.

Members of the Sun Country Regional Health Authority

Earl Kickley, Chair

Sharon Bauche, Vice Chair

Maurice Koszman

Natalie Bieberdorf

Jack McFarlane

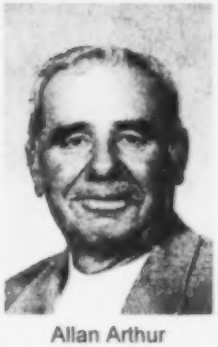
Vernon Palmer

Dave Kerr

Rita Dash

Marguerite Gallaway

Larry Ward


Allan Arthur

Darlene Standing Ready

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Akins, Shenan	$ 69,516
Alelunas, Pat	68,324
Allan, May	51,390
Allen, Carrie	50,625
Anderson, Carol	54,607
Andrews, Carolyn	64,109
Avery, Shelley	53,804
Bakke, Lorna	72,786
Bangsund, Patty	64,977
Barnabas, Ida	85,581
Barry, Mary	57,794
Barsi, Dorothy	61,046
Barsi, Jean	67,108
Bates, Marjorie	65,608
Bathgate, Kathy	53,419
Batters, Sharon	58,343
Baumgartner, Elise	51,613
Beahm, Jan	57,976
Beaudry, Deborah	84,014
Best, Sherlynne	75,596
Biberdorf, Jeannette	76,411
Bjarnason, Dorothy	59,010
Blackstock, Bernie	66,631
Blackstock, Linus	51,633
Blezy, Dianne	73,852
Bode, Jean L	65,598
Bostock, Krista	61,224
Boutin, Agnes	81,052
Brady, Lynn	64,317
Bresciani, Douglas	72,605
Brewer, Beverly	57,013
Brown, Carol	66,462
Brumfield, Barry	50,829
Buckingham, Joan	55,438
Burak, Brenda	63,359
Burnett, Sally	67,497
Bye, Candy	78,996
Byrd, Gennarina	63,241
Byrns, Carol	55,775
Cannon, Janet	61,675
Cannon, William	68,097
Charles, Laurel	70,119
Clark, Barbara	51,601
Claude, Mike	64,636
Cleasby, Sandra	69,694
Cobb, Lenora	67,821
Cole, Laurie	64,067
Collard, Clement	66,090
Collard, Marie	72,382
Cooney, Donna	69,257
Cornish, Marnell	73,140
Crassweller, Patricia	66,970
Cross, Kenneth	60,466
Cugnet, Heather	50,776
Cugnet, Margaret	102,291
Culy, Shannon	54,308
Daku, Jean	70,238
Dancey, Crystal	56,732
Danyluk, Sylvia	63,231
David, Lilias	56,164
Davis, Kathy	78,574
Dean, Kenneth	50,621
Deroose, Judith	66,095
Devries, Lorie	65,589
Dew, Catharine	63,460
Dew, Heather	53,209
Dorsch, Hélene	52,353
Douglas, Eric	53,070
Douglas, Linda	51,825
Duffus, Linda	74,796
Dunbar, Lynda	65,163
Duxbury, Lavaughn	57,337
Easton, Colleen	61,418
Eddy, Charles	57,466
Eddy, Kelly	62,630
Ehman, Don	99,521
Elias White, Jennifer	63,750
Farnden, Joanne	70,200
Farr, Becky	54,610
Fauth, Darla	65,883
Fedak, Merle	79,856
Fichter, Tamara	55,007
Fish, Kelly	59,796
Fister, Valerie	65,621
Fong, Gloria	59,517
Fornwald, Judith	84,339
Fox, Marvin	63,575
Freeman, Brenda	72,287
Gabriel, Maureen	79,055
Garvey, Caron	55,105
Geresola, Febe	71,500
Gibson, Sylvia	66,034
Girardin, Theresa	67,697
Giroux, Janice	99,521
Gobeil, Henry	68,422
Gobeil, Louise E	67,274
Goeres, Murray	82,463
Gordon, Linda	69,318
Green, Dianna	57,438
Greenbank, Tamara	64,591
Guenther, Crystal	65,855
Guilloux, Edith	63,806
Gutheil, Carole B	65,431
Hainsworth, Sandra	60,221
Hassler, Karissa	61,130
Helfrick, Barbara	51,753
Henricksen, Rosemary	57,983
Henry, Karen	71,958
Hepting, Bonnie	72,457
Herberholz, Donald	58,392

Hermann, Holley 52,819
Hill, Laurie 64,761
Hobbs, Jean 68,728
Hoium, Cynthia 67,456
Hollingshead, Joanne 69,516
Horner, Patricia 60,028
Houston, Nora 67,997
Huel, Tania 66,394
Hume, Lynette 65,274
Hunt, Jennifer 63,748
Hunter, Christina 64,995
Ireland, Beverly 65,619
Ireland, Erin 55,197
Johnson, Amos 50,652
Johnson, Anne 73,511
Johnson, Joanne 56,563
Johnson Hallberg, Lisa 63,356
Jonassen, Louanne 64,397
Kapell, Rilla 57,271
Karwandy, Beverley 51,803
Katschke, Lorna 61,462
Keefe, Birdene 63,171
Kerr, Jane 73,789
Kessler, Patricia 76,102
Keturakis, Mary Jane 50,909
Kew, Vivian 68,059
Kleppe, Laurie 57,106
Knibbs, Relna 56,703
Kopec, Candace 55,524
Kot, Grace 64,315
Kraemer, Maureen 70,729
Kyrylchuk, Judy 66,062
Lamontagne, Shirley 59,400
Larose, Michelle 61,644
Larson, Sheila 66,504
Laurent, Debra 69,516
Lautner, Freda 55,944
Leclaire, Beatrice 82,903
Lee, Colleen 67,147
Lee, Michael 79,177
Lemieux, Melanie 58,721
Lewis, Bertha 50,749
Loden, Catherine 64,668
Luscombe, Michelle 65,364
Luterbach, Colleen 63,191
Maas, Brian 56,165
Maccleary, Angela 66,374
Macphee, Alan 63,646
Magnien, Valerie 71,059
Malin, Kathleen 57,610
Mantei, Lana 67,696
Marcotte, Jane 56,960
Marcotte, Vanessa 64,166
Marshak, Esther 62,368
Marshall, Gwenda 68,953
Matsalla, Donna 64,589
Maurer, Dawn 67,002
May, Patricia 68,958
Mayer, Randy 54,450
Mccallum, Trent 63,142
Mcclarty, Leila 70,821
Mccormick, Judith 66,126
Mcdonald, Allison 71,763
Mckay, Mona 54,460
Mcleod, Irene 66,316
Mcmunn, Brenda 52,261
Mcmurdo, Blake 61,637
Mcmurtry, Jane 72,605
Metzler, Betty 73,436
Mildenberger, Chris 60,589
Miller, Gloria 65,143
Miller, Joan 62,148
Milligan, Connie 54,577
Milton, Julie 50,271
Moffat, Jack 53,657
Mooney, Derrick 60,342
Morrow, Daniel 52,837
Mulhall, Sharon 66,101
Murray, John 58,654
Nault, Betty 50,984
Naviaux, Barbara 51,067
Nesbitt, Esther 65,424
Nievergelt, Monika 55,397
Nightingale, Laurianne 68,173
Obst, Deborah 67,236
Ochitwa, Karen 71,865
Olson, Linda 62,393
Olson, Wendy 53,339
Onstad, Delinda 60,259
Ortman, Shaun 54,748
Oxelgren, Sonia 58,307
Paulson, C Grant 72,926
Penny, Murray 50,645
Petersen, Leah 53,194
Peterson, Carolyn 55,824
Peterson, Myrna 69,516
Petracek, Susan 62,507
Pettitt, Mark 60,577
Pick, Pamela 73,831
Pierson, Kelly 52,232
Plonka, Grace 65,193
Pospisil, Nona 50,250
Pryznyk, Gale K 64,109
Pryznyk, Shawn 73,778
Purvis, Diana 60,527
Raiwet, Sharon 67,759
Raiwet, Tania 74,569
Rajotte, Terri 60,958
Restau, Florie 60,629
Robertson, Audrey 71,575
Robinson, Bradley 64,600
Rodenbush, Dale 85,527
Rodine, Joyce 62,589
Roemer, Joyce 60,463
Roman, Roberto 51,807
Ror, Linda 56,097
Roy, Beverly 72,138
Roy, Jason 63,306
Rygh, Roberta 65,949
Salmers, Marlene 59,423
Sandercock, Tiffany 64,855
Sandgaard, Marilyn 51,176
Sandiford, Jeannette 61,008
Sandstrom, Corinne 56,519
Sangster, Janis 60,370
Saunders, Leslie 73,977
Sawin, Lorna 69,803
Schindel, Sharon 65,414

Personal Services—continued

Schlacter, Jeannie	52,530
Schmidt, Eugene	66,474
Schmidt, Jason	58,696
Schmidt, Laurie	53,603
Schultz, Duane	86,628
Searcy, Lloyd	113,402
Sellers, Betty	63,845
Shaver, Norma	67,512
Shaw, Thomas	60,066
Shelstad, Carol	57,568
Sjare, Mike	72,755
Sjostrand, Janice	65,285
Skoczylas, Greg	68,216
Snider, Dieta	55,086
Spencer, Lee	99,729
Steele, Kathleen	67,358
Stein, Brenda	65,042
Steininger, Terry	76,873
Stephany, Gene	83,351
Stepp, Tiffany	56,083
Stewart, Judith	53,485
Styles, Nancy	57,835
Swertz, Stella	59,969
Tant, Calvin	54,153
Tedford, Garry	60,746
Thera, Shirley	56,476
Thiele, Joyce	74,204
Thompson, Deborah	67,329
Thuen, Deborah	63,847
Tiffen, Monique	56,546
Tocher, Wendy	51,949
Torgunrud, Susan	51,754
Toth, Shelley	61,570
Trebick Gibson, Corinne	69,054
Tremblay, Laraine	73,896
Van Winkoop, Beryl	55,354
Vanstone, Jewell	56,295
Viergutz, Susan	62,575
Wagner, Janice	53,552
Wall, Rhonda	62,637
Ward, Coreen	81,142
Warren, Nancy	63,888
Watling, Josephine	62,377
Watson, Rod	67,082
Weiler, Ann	68,329
Wheeler, Shirley	63,681
Wiles, Linda	63,932
Williamson, Joel	80,264
Wilson, Linda	72,605
Wilson, Tannis	72,505
Wolfe, Donna	57,174
Wright, Bernadette	72,744
Wysminity, Linda	73,081
Young, Arrol	71,310
Young, Chenoa	69,168
Young, Deanna	62,512
Zambory, Tracy	67,388

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	$ 1,074,950
Canadian Mental Health Association	100,669
Estevan Medical Clinic	1,624,779
Fillmore Ambulance	73,260
Radville Marian Health Centre	2,453,781
SMILE Services Inc.	52,180
St. Joseph's Hospital	10,569,043
Supreme Ambulance (Carlyle)	247,494
Weyburn Group Home Society Inc.	207,050

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Advanced Response Vehicles Inc.	$ 71,652
Ahlijah, Dr. W. K.	85,675
Banerjee, Dr. Some N.	426,679
Beckman Coulter Canada Inc.	71,855
Borderline Housing Co. Inc.	236,258
Bunzl Distribution	76,486
CEG Energy Options Inc.	221,281
City of Weyburn	90,863
CPDN	150,321
Crane Supply	79,473
CUPE Employment Strategy Comm.	107,697
Dominion Construction Company Ltd	227,898
Fong, Dr. Philip	157,497
Getinge Castle Canada	61,346
Grand & Toy Office Products	91,903
Hospira Healthcare Corp.	93,305
Hudson, Dr. Shauna	109,025
Insight Canada Inc.	62,045
Johnson & Johnson Medical Products	228,103
Kodak Canada Inc.	156,676
Lexcom Systems Group Inc.	83,200
Margetts Construction	83,321
McKesson Canada	93,022
Medical Centre	88,127
Medical Professional Corporation	106,167
Momentum Healthware	67,274
Padayachee, Dr. Vino	69,053
Peridot Group	399,909
Philips Medical Systems Canada	110,824
Quality Life Services Inc.	295,458
Radiology Associates of Regina	208,268
Regina Qu'Appelle Health Region	138,149
Saskatchewan Health	64,823
Sask Energy	658,348
Sask Power	976,265
SRNA	92,910
SaskTel	332,628
SaskTel Mobility	86,845
Schaan Healthcare Products	366,322
Sysco Food Services West Inc.	936,782
Source Medical Corporation	82,674

Southern Glass Works Inc.	190,148
Sask Property Management	749,674
Stantec	64,844
St. Joseph's Hospital	1,120,316
Stryker Canada Inc.	123,600
Tyco Healthcare Canada Inc.	54,703
Weyburn Co-op Association Ltd.	58,079

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Credit Union Master Card	$ 323,550
CUPE Local 5999	676,284
Gainsborough Union Hospital	65,973
Great West Life Assurance Co.	358,559
Health Sciences Assoc. Sask.	67,359
London Life	101,058
Public Employees Pension Plan	156,119
Public Service Superannuation	82,496
Receiver General for Canada	16,781,809
SAHO	3,380,239
Saskatchewan Union of Nurses	227,217
SHEPP	5,664,597
Saskatchewan WCB	1,258,986

Performance Management Summary

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress toward, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each Region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA	Provincial Comparison	Range
Organizational Effectiveness Indicators				
Quality				
CCHSA current accreditation status for RHAs *as of March 2006*		May 05 w/ Report	N/A	N/A
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern - *2004-05*		118	n/a	19-557
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days - *2004-05*		90%	83 % 03/04= 87%	58-96%
Percentage of critical incidents meeting time-frame for notification (3 days) - *2005-06*		100	96.9%	
Percentage of critical incidents meeting submis-sion timeframe for written report (60 days or 180 days) - *2005-06*		N/A		
Health Human Resources				
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	96.46	90.60	74.09-107.86
	HSAS	66.94	64.00	52.54-120.03
	OOS/OTHER [1]	61.87	48.09	38.56-56.87
	SUN	86.62	91.94	70-98.43

Indicator		RHA	Provincial Comparison	Range
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation - *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	25.24	32.83	15.00-80.89
	HSAS	43.03	24.75	.35-88.09
	OOS/OTHER [1]	9.13	3.17	0.00-10.15
	SUN	42.66	72.44	24.61-426.41
Distribution of health system full time equivalents (FTEs) by affiliation - *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	1,063.97	16,737.98	N/A
	HSAS	80.65	1,869.41	N/A
	OOS/OTHER [1]	133.78	2,474.38	N/A
	SUN	258.52	5,806.28	N/A
Number of lost-time WCB claims per 100 full time equivalents (FTEs) - *2005-06*		5.99	8.07	4.65-11.38
Number of lost-time WCB days per 100 full time equivalents (FTEs) - *2005-06*		512.06	447.10	199.58-541.51
Percentage of employees self-identifying as aboriginal - *2005*		N/A		
Worked hours as a percentage of total hours by affiliation *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	79.6%	79.3%	75.9-82.4%
	HSAS	82.7%	82.2%	78.5-82.4%
	OOS/OTHER [1]	83.0%	84.0%	79.2-83.6%
	SUN	77.9%	76.0%	68.5-78.2%
Financial				
Working capital ratio - *2005-06*		.84	N/A	.45-1.69
Number of days able to operate with working capital - *2005-06*		(24.81)	N/A	(68.06)-28.83
Surplus/deficit - *2005-06*		$103,000	N/A	1,072,577 - 2,142,000
Surplus/deficit as a percentage of actual operating expenditures - *2005-06*		0.1%	N/A	-1.5%-1.4%

Indicator		RHA	Provincial Comparison	Range
Communications and Issues Management				
Key activities undertaken by RHA to address public confidence reported *2005-06*		Yes	N/A	N/A
Program-Specific Indicators				
Province-Wide Services				
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans - *2005-06*		N/A	N/A	
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans - *2005-06*		N/A	N/A	
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) - *2005*		N/A		
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre *2004-05*		Adult 75%	Adult 64.7%	Adult 61.5-81.8%
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital - *year*	Wascana Rehabilitation Centre [2]	N/A	N/A	N/A
	Saskatoon City Hospital [2]	N/A	N/A	N/A
Acute Care Services				
Number of surgical cases - *2005-06*		559	74,864	26-33,052
Percentage of surgical cases performed as day surgery - *2005-06*		63.5%	54.4%	47.8-66.1
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames - *2005-06*	Priority Level II within 3 weeks	66.7	56.3	49.0-100.0
	Priority Level IV within 3 months	100%	65.1	48-100.0
	Priority Level VI within 12 months	100%	84.2	72.3-100.0

Indicator		RHA	Provincial Comparison	Range
Institutional Supportive Care Services				
Average wait time between approval for placement and placement for institutional supportive care services - *year*		N/A		
Case mix index for institutional supportive care facilities - *year*		.75	.77	.75-.80
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores - *year*		15.2	22.2	15.2-29.8
Home-Based Supportive Care Services				
Average wait time between assessment and commencement of supportive home care services - *year*		N/A	N/A	N/A
Population Health Services				
Percentage of eligible population receiving immunization at second birthday [3] - *2005*	Diphtheria	84.8	72.9	57.3-100.0
	Measles	83.0	71.2	57.3-100.0
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005-06*		N/A	N/A	
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) - *2004-05*	FEE	79.19	N/A	
	FPL	96.43		
	LA	69.75		
	SWT	86.57		
	PWS	55.83		
Percentage of population (age 12 years and over) who are current, daily or occasional smokers (smoking rate) - *2003* [4]	Males	25.3	24.6%	20.8% – 40.7%
	Females	23.2	23.1%	11.6% – 42.0%
Influenza immunization rate per 100 population (age 65 years and over) - *2004-05*		70%	68%	57-75%

Indicator		RHA	Provincial Comparison	Range
Community Care Services				
Alcohol and drug outpatient treatment completion rate per 100 admissions - *2004-05*		73.5%	54.5%	35.7-80.5%
Primary Health Services				
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		28.8%	26.6%	0-100.0%
Total number of new primary health care teams developed in the current fiscal year - *2005-06*		0	N/A	N/A
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2005-06 [yes/no indicator]*		Yes	N/A	N/A
Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2005-06 [yes/no indicator]*		Yes	N/A	N/A
Regional Operational / Budget Plan outlines potential financial requirements *2005-06 [yes/no indicator]*		No	N/A	N/A
Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required - *2005-06 [yes/no indicator]*		N/A	N/A	N/A
Mental Health and Addiction Services				
Average length of stay of mental health inpatients compared to expected length of stay *2004-05*	ALOS	16.8	14.4	
	ELOS	11.6	12.4	
Mental health inpatient readmission rate per 100 mental health inpatient separations - *2004-05*		19.1%	21.6%	
Alcohol and drug inpatient treatment completion rate per 100 admissions - *2004-05*		N/A	N/A	
Average wait time for inpatient alcohol and drug services		N/A	N/A	

Indicator		RHA	Provincial Comparison	Range
Program Support Services				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures - *2005-06*		4.4%	N/A	3.6-11.5%
Health Status and Outcome Indicators				
Infant mortality rate per 1,000 live births *2002 - 2004*		8.0	5.9	4.2 – 10.5
Low birth weight rate per 100 live births *2002 - 2004*		5.5	5.4	3.7 – 6.0
High birth weight rate per 100 live births *1998-2002*		14.7	15.7	12.9 – 31.1
Disability-free life expectancy (at birth) *1996* [5]	Males	67.3	66.6	61.8 – 69.2
	Females	71.6	70.0	63.2 – 72.5
Disability-free life expectancy (at age 65 years) - *1996* [5]	Males	11.1	11.2	8.7 – 12.1
	Females	13.2	12.7	8.4 – 13.2
Life expectancy (at birth) - *2001* [6]	Males	76.8	76.2	72.1 – 78.2
	Females	81.2	81.8	76.1 – 82.8
Life expectancy (at age 65 years) - *2001* [5]	Males	16.7	16.9	15.6 – 18.0
	Females	20.6	20.9	17.2 – 21.8
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent - *2003* [4]		54.3	59.5%	47.6% – 63.7%
Percentage of population (age 18 to 64 years) who are overweight or obese *2003* [4]	Overweight (BMI 25.0-29.0)	31.7	35.8%	31.7% – 34.5%
	Obese (BMI 30.0+)	27.2	20.5%	16.4% – 27.2%
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive *2003* [4]	Active/Moderately active	45.4	49.8%	41.7% – 56.1%
	Inactive	52.7	47.8%	41.0% – 56.4%

Indicator		RHA	Provincial Comparison	Range
Number of visits to a physician for a mental health reason - *2004-05*	GP's	15,607	430,850	
	Psych	5,805	146,750	
Age-adjusted diabetes prevalence rate per 1,000 population - *2003-04*		49.6	N/A	
Injury hospitalization rate per 1,000 population (age 0 to 19 years) - *2003-04*	Males	10.4	11.1	10.5-11.6
	Females	8.9	7.1	6.6-7.5
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003-04*	Males	23	14.9	
	Females	38.3	25.4	

Sun Country Health Region
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Weyburn, Saskatchewan
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Fax: (306) 842-8738
Email: info@schr.sk.ca
Website: www.suncountry.sk.ca